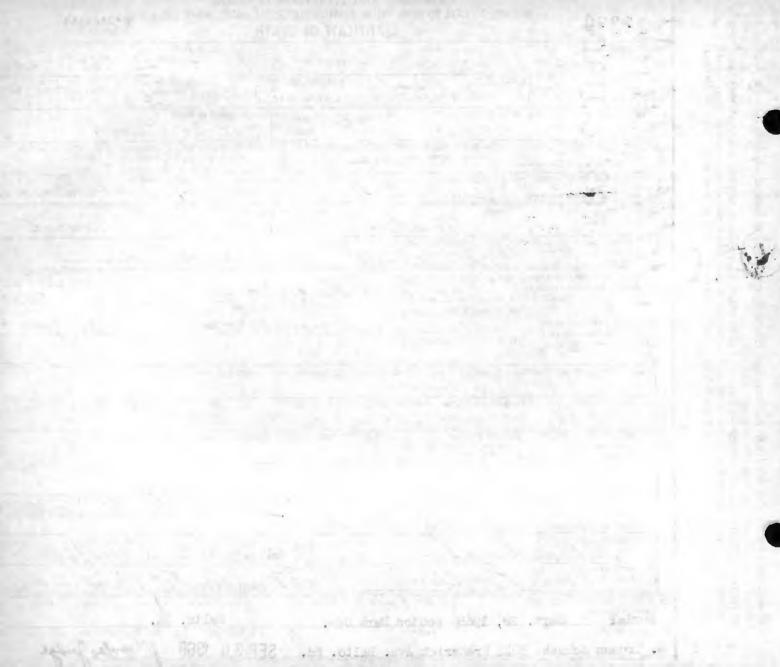
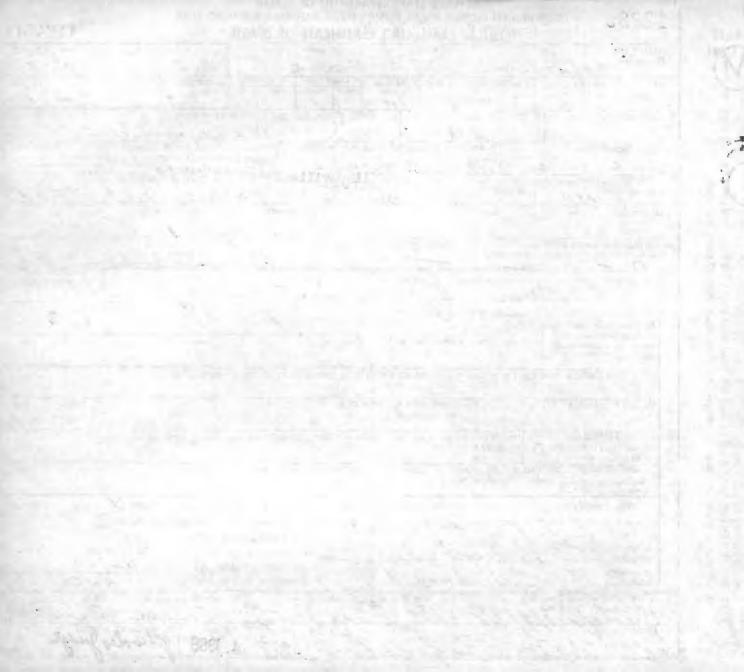
	1	MARTLAND STATE DEPARTMENT OF HEALTH
	-	12379 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
er death. funeral ond 2		ECEASED-NAME First Print Diene armold 20. DATE OF DEATH Type or print) Exhel Doy/965000 4AM
by the fun	3. 5	Levele 4. RACE S. DATE OF BIRTH Cleaguest 8. 1900 lost birthday) MONTHS DAYS HOURS MIN.
hours 22 South		BIRTHPLACE (State or foreign 7b. (ITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DIVORCED Md.
ifhin 24 ly filled an pap within 7	10.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, evep if retired.)
trian and campletely filled i lease remove carban paper and in any event, within 72		USUAL RESIDENCE (Where decemed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER REPORT STATE Many 13b. COUNT COUNT COUNTY PROPERTY POWN 13d. INSIDE CITY LIMITS? NO. R. F.D. G. BOYLY & ROWLING BOOK
and ca	14.	FATHER'S NAME Arst Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Middle Marsh
physician and campletely filled in by the funeral please remove carban papers. Bags 1 and 2 aval, and in any event, within 72 noursafter death	160	WAS DECEASED EVER IN U.S. ARMED FORCES? Ves, na, or unknown) (If yes give wer or dates of service) R17-16-66994 Hervard area and area of service)
of the death. The attending		18. CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF canditions, if any, which gave rise to immediate cause (o), stoting the underlying cause (o) OUE TO, OR AS A CONSEQUENCE OF (c) APPROXIMATE INTERVAL BETWEEN OBSET AND OF ATH BETWEEN OBSET AND O
TO HOSPITAL OR AFTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld lied with the State Dept. af Health prior to burial, cre	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 3.3 X 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
PHYSICIAN: The ne haspital ar attmitiste has efached far use a stacked far use a sta	ਤ	216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF GRATH HOUR A.M. Month Day Yeor P.M. 19
JING PHYSIC by the haspi fter this certi be detached State Dept. a	MEDI	21d. INJURY OCCURRED While Not while at work A thome farm, street, factory.) 21f. LOCATION Street or R.F.D. No. City or Town County State
R ATTENDING PHYSICI retained by the haspit ECTOR: After this certif 3 shauld be detached with the State Dept. of		22a. I certify that (I) (this hospital) attended the deceased from formula (ii) (we) last saw the deceased alive an interpretation of the deceased from the causes stated abave, (I) (we) (did) (did not) view the bady after death.
TO HOSPITAL OR AFTER Page 4 may be retained of FUNERAL DIRECTOR: director, page 3 should should be filed with the		226. SIGNATURE DEGREE PHYS.
O HOSPITA Page 4 may Funeral director, po		22d. PHYSICIAN'S NAME (Type) P. M. Me Laughlin 3208 Monutain Rel. Pasalua, Mel.
TO HC Page TO Fu plired show		BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial Sept. 28, 1968 Loudon Park Cem. Balto. Md.
VR A15 (4)		FUNERAL DIRECTOR ADDRESS 2SG. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
2011 167 (1)045		Truman Schwab 3512 Frederick Ave. Balto. Md. DATE SEP 3 0 1968 Acharles Judge



//	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARTLAND 21201	11 (35) = 0
FOR STATE	Item 13c MEDICAL EXAMINER'S CERTIFICATE OF DEATH	183390
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month D	Poy Yeor 2b HOUR
≈ e(e) \4	(Type or Print) MNTILDA BAKER OF ESTI- DEATH MATED GENTI- DEATH MATED HEAD HE	E FO BY M
A 0 10	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
y delay and 3 PM3.	F 2-7-94 (ast birmholy) Manths GAYS HOURS MAN Month & Day >	Yeor of A M
Pall Pall	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT, COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form form	country) I & a WIDOWED X DIVORCED ANNE ARCHAEL.	- Co Md
£ 6 0	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 1)	26. KIND OF BUSINESS OR
de St	Glew BURNIE give street address) AROUNDEL during most of working life everylifetired.)	NDUSTRY
eath.	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 131 111 12 100 NATE 13e. STREET AND NUMBER	4
de gh	admission) STATE RIO 13b. COUNTY DA CO GOLIKATORA YES NO 18 1372 - Provide	and KL
24 hours in Hem 18 r's Office as 1 and 2 v	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
hin ninel poge hou	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 7.5-18	-1. 21
d with the lexant Exam File in 72	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
hauld be executed word "pending" in the Chief Medical Eurial-transit permit. Fin any event within	PART I. DEATH WAS CAUSED BY.	BETWEEN ONSET AND GEATH
xer Idin Med Med	DUE TO, OR AS A CONSEQUENCE OF	There !
be exe "pend iief Me unsit pe event	Canditions, if any, which gave	
vord ' vord ' ie Chi al-trai	rise to immediate couse (o), Stating The underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld be e te word "per o the Chief I burial-transit in any ever	lost.	
ote stands to to ond it	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	1
	443 \	
vrifti vor vor ed ed	190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his certific ate, writin te forword be used or r remavol,	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hen	YES NO DE
MINER: This the certificate, a should be found in files. It should be to a should be to a should be to mation, or remember the should be to the should be to a should be to	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hen	n 18.)
FR: certifi nould les. should tion, c		
INER: T e certific should b files. 3 should ation, or	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street), 21f. LOCATION Street or R.F.D. No. City or Town	County State
XA the te you cree	WHILE NOT WHILE factory, office building, etc.) AT WORK AT WORK	,
CAL E executor. Pog ed far CTOR: F buriat,	22a. I certify that I taak charge of the remains described above, held an Autapsy . Inspection . Inquiry	and in my opinion
Ed ed eg Ed	death resulted from Notural causes , Accident , Suicide , Homicide , Undetermined monner [
please directer retainer or to b	CHIEF MEDICAL EXAMINER	
Y, ple gral di SAL Di Prior	SIGNATURE SIGNATURE 22b. DATE SI	GNED
Ssary, funeral ay be r	DEPUTY MEDICAL EXAMINER	160
6 5 6 E E 6	NAME (Type) E.LINGHR CONT. ADDRESS(Street, city, town, or county)	ACO.
TO DECEMBER 100 PER 10	230. BURIAL, CREMATION, SEMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(aunty) (Stole) Bolt mel
0	24. EUNERAL DIRECTOR ADDRESS 2/2 34 250. REGUSTRAR 25b. REGISTRAR SI	., -
VR ATSME (5)	1 21 (26, 7200 Helod) Roy of 1968 galante	Judge
10M REV. T/68	HEALING INCH KARAGE TEODE WITT I NOW IT	1 0

MARYLAND STATE DEPARTMENT OF HEALTH



		MAKTLAND STATE DEPARTMENT OF HEALTH	
	Ta	Emile FilmGhos Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	19201
i	17	381 DATE CERTIFICATE OF DEATH	10001
1	1. DI	CEASED NAME First Middle Lost RALLAR D 20. DATE OF DEATH	2b. HOUR
ı	(1	Month Dou	Part 2, Item 18.) Caunty State 2b. HQUR 2 A M AM AM Months OAYS IF UNDER 24 HRS. Months OAYS HOURS MM. Md. Md. Md. Md. Md. Md. Md.
Į	3. SE		IF UNDER 1 YEAR IF UNDER 24 HRS.
		MAI = lost birthday 67F	MONTHS CAYS HOURS MIN.
	7o. E	IRTHPLACE (Stole or foreign 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1
	EUOI	Baltimore, Id. U.S. WIDOWED DIVORCED Hine Hrunde	Md.
ı	10. 0	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if refired.)	
	(MEN BURNIE MOEITH HEUNDED	WOOJIN!
-	13o.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CVDOR TOWN) 13d. INSIDE CITY LIMITS? 13d. STREET AND NUMBER 7746 Edge Wood	A Ave.
	14. [ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	
		CHARLES - BALLARD JOSEPHINE PHI	LLIPS
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address es, no. or unknown) (If yes give war or dates of service) 17. INFORMANT MADLENE PARKER -	-11/10 10 0
		es, no, or unknown) (If yes give war or dates of service) Mrs. MARLENE PARKER -	
1		18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), open)	BETWEEN ONSET AND GEATH
		PART I. DEATH WAS CAUSED BY: REAL COLOR CONTROL OF CAUSE (a)	
		4129 DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if any, which gave rise to immediate cause (a), (b)	
		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
		last: (c)	
		PART 2. OTHER SIGNIFICANT ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	NO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OF ERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CO	MCIDEDED IN CEDTIEVING
è	FIGN	YES NO CAUSES OF DEATH?	INDUCKED IN CERTIFIING
	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, II	rem 181
		OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Day Year	190
	MEDICAL	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, 1) 21f, LOCATION Street or R.F.D., No. City or Town	County State
		While Not while OFFICE BUILDING, ETC.	,
		at work of work	that (1) (wa) last
		22a. I certify that (1) (this haspital) attended the deceased from 9/2/19 and that in (my) (fur) apinian death accurred on the dat causes stated abave, (1) (we) (did) (did not) view the bady after death.	e and haur and from the
		causes stated abave, (I) (we) (did) (did not) view the bady after death.	
		22b SIGNATURE 22c. D	
		DEGREE PHYS. DIRECTOR PHYS.	
		22d. PHYSICIAN'S C. Dorkan, MD, 325 Hospital Brive,	9 Brown & M.
	_		- Chinepia
	23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CREMETERY OR CREMATORY 23d. LOCATION (Gity or Town) REMOVAL Specify 9-21-1968 Glen Haven Memorial Pk. Ritchie Honry A	(County) (State)
	0.4		A CO Md
	I UT	or se or delice, hoor witchie usay, par fillione luters and hour	THE WHITE .

Rander augt a/w/ 68 a/a/68 C. Dorken MA: 125 Heyertol Derre & Bernicky . After all all places and the SEP is the second place in the second and the seco

	1	V		D STATE DEPARTMENT		
		12382 DIVISIO	· ·		BALTIMORE, MARYLAND 21201	12392
	L D	CEASED-NAME First	Middle	CERTIFICATE OF DEA	2a. DATE OF DEATH	2b. HOUR
		ype or print) James	8	Barton		DY 16 Year 68 528 M
	3. 5		(1)	S. DATE OF BIRTH	6. AGE (In years lost birthday)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	70.	RRTHPLACE (State or foreign 7b, CITIZE	N OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		
	COU	try)	USA .	WIDOWED DIVORCED	1 0 0	de/ Md.
54	10.0	Clen BUCHIC	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 12.	o. USUAL OCCUPATION (Kind of work done ring most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY Retail
2	13a. odm	USUAL RESIDENCE (Where deceased lived, i ssion) STATE md. 13b. C	f institution: Residence before	SEREN YES	DE CITY LIMITS? 130. STREET AND NUMBER	e DF1v
1	14.	ATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN I	NAME First Middle	Lost
		James	E. Barton		Ruth	Babbington
		WAS DECEASED EVER IN U.S. ARMED FORCE es, no, or unknown) (11 yes give war ar dates of	service		Address	40
	-	IOS WW 11	215-12-46		beth Berton, same a	S; 13 APPROXIMATE INTERVAL
		1B. CAUSE OF DEATH (Enter only one cou PART I, DEATH WAS CAUSED BY:	se per line for (o), (b), and (c).		1	BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE	1 1	sourry or	clusion	
	П	Conditions, if any, which gave }	TO, OR AS A CONSEQUENCE OF	/		
		rise to immediate cause (a).	(b)		***************************************	
		signing the nugeriting coose	TO, OR AS A CONSEQUENCE OF			
		last.	(c)			
		PART 2. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1(a)	
	MOLIN	19a. DATE OF OPERATION 19b. CONDITION	FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
2	CERTIFICATION				NO CAUSES OF DEATH?	
	CERT	21 o. ACCIDENT WAS UNDERLYING 216	. TIME OF INJURY		(Enter nature of injury in Part 1 or Part 2	, Item IB.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol exominer)	UR A.M. Manth Day Year P.M. 19		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	W	21d. INJURY OCCURRED Value OF While Nat while at work 21e. PLACE OF	INJURY (AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC	(TORY.) 21f. LOCATION Street or R.	F.D. No. City or Town	County Stote
		22a. I certify that (I) (this haspit	al) attended the veceasi	ed fram 9/16	, 1968, ta 9/16/1	96, that (I) (we) last
		saw the deceased alive and causes stated abave, (I) (we	7//6/	9 6 V and that in (my) (a)	ur) apinian death accurred an the c	late and haur and from the
	П	22b. SIGNATURE	e) (ala) (ala not) view the	bady after death.	- 100	DATE CIONIED
		220. SIGNATURE	Co. Dork	EGREE PHYS.	MED. STAFF DIRECTOR DIRECTOR DIRECTOR	9/16/68
2 1		22d. PHYSICIAN'S NAME (Type) C. Dor	kan. M.	22e. ADDRESS	25 Hospital. DVII	ic, S. Burnie
	230	BURIAL CREMATION. 23b. DATE		CEMETERY OR CREMATORY	23d. (OCATION (City or Town)	(County) (Stote)
T		REMOVAL (Specify) Burial 19 Sep	t-68 Glen	Haven Memorial		AA Ma
4		FUNERAL DIRECTOR	ADDRESS		REC'D BY REGISTRAR 2Sb. REGISTRAR	
8		Mirkley Funeral Hom	e, Glen Burnie	DATE	SEP 1 7 1968 RCC	corles Judge

Lacter die , to the later of the same no til 1; 215-12-1511 tvs. Milabella Berkon, seme es 13 Compression recluders all the comment and Cotword manufactor Paragraph in Lateral

Mary 12 - 1 To 1 43

Bleeter succession in Europe 13.

	1.8 10 4 000		ą.	305
121 00 120 120	lua sent	in the	ELLL	
A.		nalusuka7	9	Lineago.
grant fabruat on	4		departy.	
	salign, so	an	9277-	evellia.
				witour !
	equilat resad	Law gargary L		
ALTONO MATERIAL METERIAL	952 (142) I	n vannerió		
legino),		No. delas.		
			and tony	o-mi
23 .7882 15	pe emil co	- 15 July 1.		
Bayla Lague et	×		Zu luje	
da ila galiwanish yama		. Classer b. D.	a salesano	
		Petro		









if I	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	12498
FOR STATE	12388 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	(S. G.)
HEALTH DEPT.	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN A Month	Day Year 25 HOUR
of ge o	(Type or Print) LEROY ROBERT BROWN Sr. DEATH MATED 9-1	L1 1968 4:45
Page ent	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years F UNDER 1 YEAR & UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d. HOUR
ny delay is 2, and 3 to PM3. Page partment of	Male Negro Nev. 17-1925 42 YRS MONTHS DATS MOUNT September 11.	Yeor 1968 4:45 M
450	70 B RTHPLACE (State or large) 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED HEVER MARRIED 9 COUNTY OF DEATH	P
2 5 E	U.S.A. WIDOWED DIVORCED ANNE ARUNDE	
deoth with form ve State De	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital lize USUAL OCCUPATION (Kind of work done give street address)	12b KIND OF BUSINESS OR
-> 5 E	Annapolis Anne Arundel General Hospital	2. USAST YESE
offer oong with deoth	13a USLA. RESIDENCE (Where deceased lived, it institution Residence before 13c CTY OR TOWN 13d INSIDE CTY LIMITS? 13e STREET AND NUMBER odmission) STATE 200 13b COUNTY Annual 12c YES CON COUNTY	•
	Mu. Attite Artifique Affinaports	
24 hours	14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle Walter NAM Jones Tholks NAM Br	Last
2 .E .E . S S S S S		SME
ertificate should be executed within 24 writing the word "pending in pentil in rwarded to the Chief Medical Exominer sed as a burial-transit permit. File pages tool, and in any event within 72 haurs	16a WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unknown) (It was now was profess of service) (Yas, no, or unknown) (It was now was profess of service) (Yas, no, or unknown) (It was now was profess of service) (Yas, no, or unknown) (It was now was profess of service) (Yas, no, or unknown)	14 - 144
Exor File	to an analysis of the formal and the first transfer of the first t	APPROX MATE INTERVAL
executed in Medicol E. I permit. F	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
ding ding teding	IMMEDIATE CAUSE (a) Multiple blunt injuries of trunk DUE TO, OR AS A CONSEQUENCE OF	
be exe "pendi hief Me ansit pe	Conditions, if any, which gove a	
vord " vord " ne Chi	rise to immediate couse (o), ((b)	
should be executed to word "pending" is the Chief Medicol bunol-transit permit.	stating the underlying cause Due 10, OR AS A CONSEQUENCE OF	
ote standing the sed to so but so out so	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR COND TON GIVEN IN PART 1(0)	
s certificate standards the forwarded to used as a bu	V // "	
is certificate, writing forward forward a le used a removol,	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
	WAS PERFORMED?	YES 🔀 NO 🗌
F 0 F	19b. CONDITION FOR WHICH OPERATION 19c. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c HOW INJURY OCCURRED (Enter noture of injury in Port Lor Port 2, No. 21c How Injury of Course of Driver in auto-auto collision 21d INJURY OCCURRED. 21e PLACE OF INJURY Month, Doy, Year PRIMARY A CAUSE WAS 9:11 PM 9-7 19 68 Driver in auto-auto collision 21d INJURY OCCURRED. 21e PLACE OF INJURY Month, Doy, Year 19d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, Doy, Year 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, Year 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, Year 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, Year 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, Year 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, Year 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, Year 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, Year 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, Year 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, Year 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, Year 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, Year 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, Year 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, Year 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, Year 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, YEAR 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, YEAR 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, YEAR 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, YEAR 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, YEAR 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, YEAR 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, YEAR 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, YEAR 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, YEAR 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, YEAR 21d INJURY OCCURRED. 21e PLACE OF INJURY MONTH, DOY, YEAR 21d INJURY MONTH, DOY, YEAR 21d INJURY MONTH, DOY, YEAR 21d INJURY MONTH, DOY,	tem 18)
MER: Tee certifice should b files. 3 should a should instead or the cortion, or the cortion or the cortion of t	PRIMARY ACCOUNTS BUTING 9:11 PM 9-7 19 68 Driver in auto-auto collision	
Z a Z = Z ta	Eld total and the form of the	Caunty Stote
XAM tre th ge 4 your your crem	WHALE NOT WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT A WORK A A A A A A A A A A A A A A A A A A A	A.A. Md.
Po Po Rel	22a certify that I took charge of the remains described above, held on Autapsy X, Inspection , Inquiry	, and in my opinian
Dlease exer director. Pr etained for DIRECTOR: or to burial	death resulted from. Natyrol couses , Accident K, Suicide , Hamicide , Undetermined manner	
please I direct retaine DIREC	CHIEF MEDICAL EXAMINER	
<u>a</u> _ = _ 9	SIGNATURE MD ASSISTANT MEDICAL EXAMINER X 226 DATE	SIGNED
日曜 日本 日本 人	EXAMINER'S Charles S. Springate M.D. NAME (Type) EXAMINER September ADDRESS(Street, city, town, or county) Beltim	er 12, 1968
TO D The S TO FU	230 BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
^	Burial Sept. 15-68 Pine Lawn Annapolis, Nam	yland
	24 FUNERAL DIRECTOR ADDRESS 250 REC BY REG STRAR 255 REG STRAR 3	SIGNATURE
VR A15ME (6)	C.E. Hicks 111 Appendix, Nd. DATE SFP 17 1968 Action	way mage

MAKYLAND STATE DEPAKTMENT OF HEALTH



	12389 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1	7399
eoth.	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) JENNIE G. BRYANT Sept. Month 00/23	Y 25. HOUR
A A		INDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN
24 haura	70. BIRTHPLACE (State of foreign Country? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH ADDR ADDRESS. A. WIDOWED DIVORCED 9 COUNTY OF DEATH ADDRESS.	Md
within tely filler rban pa	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 20 USUAL OCCUPATION (Kind of work dane during most of wagging life, even if refired) 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d HASIDE CITY LIMITS? 13e. STREET AND NUMBER	25 KIND OF BUSINESS OR
xecuted tample nave ca	admission) STATEMaryland 13b (20.0%. Co. Annapolis YES No Rt. 4 Box - 1 14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	02 Lost
te be e.	Charles P. Jones Elizabeth Williams	11· A5 井13
g physical mover ple	18 CALLS OF DEATH (Enter only one cause per line for (a) (b) and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after deoth Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the confidence of should be detached far use as the burial-transit permit. They please semave carban papers. Process and should be filed with the State Dept. of Health priar ta burial, crematian, ar removed codes from any event, within 72 haurs often death.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	Design visit and grain
YSICIAN: The law raspital or attending certificate has been thed far use as the ot. of Health priar ta	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSI YES NO 21a. ACC DENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern	
HYSICIAN. haspital a certificat tched far	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	aunty State
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital or FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far u shauld be filed with the State Dept. of Heal	at wark at work	Y, that (I) (we) last and haur and from the
AL OR AT OR AT DIRECTO Page 3 shope filed with	22d. PHYSICIAN'S 22e. ADDRESS 2	signed 23/28
TO HOSPITAL Page 4 may FO FUNERAL director, pag shaula be fill	NAME (Type) Nation (City or Town) (Constitution (City or Town) (Ci	County) (Stole)
SOM REV 169	24 FLNERAL DIRECTOR Singleton Funerble Home/Glen Burnie, Md. ADDRESS DATE SEP 2 7 1968 Clion	NATURE



					MARYLAND	STATE DEPARTMI	ENT OF HEALT	H		
- 2	1		40000	DIVISION OF	VITAL RECORDS, 3	01 W. PRESTON STR	EET, BALTIMORI	, MARYLAND 21201		
	-		12320		•	ERTIFICATE OF I		•	121	(H)
	E ESA			First	Middle	Lost	2a. [DATE OF DEATH	W	26. HOUR
		(1	(be or brint) 36	RTRude	Anne	Buckmi	Aster	Moath Day	68-	U:35 M
	24 haurs after death. d in by the urbset pers. Pages, Lyndia.	3 SE		4. RACE		S DATE OF BIR	RTH	6. AGE (In years lost birthday)	IF UNDER 1 YEAR	F JNDER 24 HRS HOURS MIN.
	rs aff		He MAIR		CASIAN		30-97	YRS.	1 41	
	haurs n by rs Pc haur	70 E	IRTHPLACE (Stote or foreign	76. CITIZEN OF WI		MARRIED NEVER MARR	KIEDI I	NTY OF DEATH	. (
	24 in 72 n 72	10 0	TY OR TOWN OF DEATH					Anne ARund	125 KIND OF B	Md Md
	ed within 24 ha	C	ROWNS VIlle	_ Md . 83	street address) ille	Strate Hose	P during most of w	PATION (Kind of work done vorking life, even if retired)	INDUSTRY	
	ured ve cart, event,	130 admi	USUAL RESIDENCE (Where disign) STATE Mod	eceased lived, if institut	Anne Adumio	34 CHY OR TOWN	13d. Inside GTY LIM TS? YES NO	130 STREET AND NUMBER	ce Are	nu
	exected and call and call	14 F	ATHER'S NAME First	Middle	Last	IS. MOTHER S MA	IDEN NAME First	Middle		Last
	be n ar		Har		Buck mA			trude	Mi	iler
	D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs at Page 4 may be retained by the haspital ar attending physician. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camberent filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave based pages shauld be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 haurs at the shauld be filed with the State Dept.	160. Y	WAS DECEASED EVER IN U.S. 15, no. or unknown) (If yes	. ARMED FORCES? give wor or dates of service)	16b. SOCIAL SECURITY NO	D. 17 INFORMANT 37	ohn Bud	Cm Aster Address (3	arral	id. Mel
	ng p The		18. CAUSE OF DEATH (Ent	er only one cause per li	ne for (a), (b), and (c).)	10	V 80		APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
	aquires that the death physician. signed by the attendii burial-transit permit. burial, crematian, ar re		// S S IM	MEDIATE CAUSE (a)	Cardo Co	Jone - 196	DI KIR			
	he att per tian,		Conditions, if ony, which g	DUE TO, OR A	AS A CONSEQUENCE OF	Mustic c	a who was	wor trad Ds		
	insit		rise to immediate cause	(o), (DUE 70 OD	AS A CONSEQUENCE OF			(4) (4)		
	es the second se		stoting the underlying co	(c)	S A CONSEQUENCE OF					
	phys phys igne juria		PART 2. OTHER SIGNIFICAN		TING TO DEATH BUT NO	RELATED TO THE TERMINAL	DISEASE OR CONDITIO	ON GIVEN IN PART I(a)		
	ing I ing I ing I ten s	₹.	gneumo	rigis, or	ubydow	<u></u>				
	tend fend s be as t oriar	CAT (190 DATE OF OPERATION	19b. CONDITION FOR WH	ISCH OPERATION WAS PERI			20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	INSIDERED IN CER	RTIFYING
	r The r aff e ho use	CERTIFICAT ON	21a. ACCIDENT WAS UNDE	DIVING TO THE C	F IMDURY	YES YES		of injury in Part 1 or Port 2, It	101	
	IAN ficat far far free	3	OR CONTRIBUTING CAUSE C	F DEATH HOUR A M.	Month Doy Year	ZR HOW INJURY OCCI	TRKED (FULEL UCTURE	eat injury in Part For Port 2, ii	em 16.j	
	YSIC aspiliaspilispilispilispilispilispilispi	MEDICAL	(If either, notify medical e. 21d INJURY OCCURRED		AT HOME FARM, STREET, FACTO	PRY.) 21f. LOCATION Street	t or R.F.D. Na.	City or Town	Caunty	State
	OR ATTENDING PHYSICIAN: be retained by the haspital ar SIRECTOR: After this certificate e 3 shauld be detached for le ed with the State Dept. af Heal		AALIGO HAGI AALIGO						6-	
	by the free per control of the contr		22a certify that (I)	(this haspital) att	ended the deceased	from 1-1	0,1968,	ta9-10, 19_ leath accurred an the dat	OS, that	(I) (we) last
	RENG NR: A Inclid		causes stated a	ed alive an bave, (1) (we) (did)	(did not) view the b	ady after death.	/) (aur) apinian c	learn accurred an the dai	re ana naur a	na tram the
	ATI PEGTO With With		22b SIGNATURE P	10-6	00.1 00	ATTENDIN	IG MED.	STAFF 22c D	DATE SIGNED	0
	DIRI DIRI Ge 3		En	1 TH 1 2	tulle	DEGREE PHYS.	☐ DIRECTOR	PHYS 2	-10-7	18,
	TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, creating the state Dept. af Health priar to burial, creating the state Dept.		22d. PHYSICIAN'S NAME (Type)	ROL-A-	Phillip	MD 22e. ADDR	0 m v21	Ille Strate	- Jgs2+	6
	HO Age 4 FUN FUN haul	23a	BURIAL, CREMATION, REMOVAL (Specify)	23b DATE	23c NAME OF C	METERY OR CREMATORY	23d.	LOCATION IC TY OF TOWARD	(County) 2	(State)
	5 5 5 0 D	24	FORERAL DIRECTOR	7-73-6	ADDRESS	to cen	2Sa. REC D BY REGIS	STRAR 2Sb REGISTRARS	SIGNATURE	ma
	VR A15 (N) 30M REV V 88	24	She of	· Lan	NUKESS	searce DL	DATESFP 1			7.0.0
	1	\coprod	OUND /	70-010	unce; se	MUNICIFIN	AND THE PERSON NAMED IN COLUMN	1000 1000	782 A486	}

1. 2

1	1	MARTIAND STATE DEPARTMENT OF HEALTH
•		12391 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		Them2a MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1, 8	ECEASED-NAME 20 DATE KNOWNEY Month Day Year 26 HOUR
		Type or rnini) (= // O O = = 0 /) I// I// I// A QE ESTI-
	-	DEATH MATED 9 2 1968 M
= - × = ×	134	J DATE OF BINTH
2, and 3 PM3. Bo		1ale Cel 4-8-1923 45 YRS MAIN - 52 - Year 1968 M
E 07	10	BURTHEN ACE (State of fore gn 75 CY ZEN OLIVHAT COUNTRY? 8. MARRIED KINEVER MARRIED 9. COUNTY OF DEATH
	can	WIDOWED DIVORCED D
	10.	THY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION of no hospital 120. USLAL OCCUPATION (K pr at work done 126 KIND OF BUSINESS OR
Genth Page		give street addresst / () (duning right werk treet general MOLSTRY
_ _	120	USA. RESIDERICE DAPPERS deceased lived, if institution, Residence 135 OF V OR TOWN 13d INSIDE CITY UMITS? 138 STREET AND NUMBER
INER: This certificate should be executed within 24 hours offer e certificate, writing the word "piiiidiiiig in pencil in Item 18 Gry should be forworded to the Chief Med col Exominer's Office older files. 3 should be used as a burial-transit permit. File pages 1 and 2 with totion, or removal, and in any event within 72 hours ofter death	130	dm.ss.on) STATE 136 (OUNTY) (1 CLONG) YES NO [Excessor None Road
ffice ffice and ter	14	ATHER'S NAME First Adaptive
hin 24 hours neil in Item I miner's Office poges Tond 2 hours offer c	1	renge Butter Vialles Wonden
hin 24 noil in niner's poges hours		WAS DISCEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS
This certificate should be executed within icate, writing the word "piringing in pencil be forworded to the Chief Medical Examine! be used as a burial-transit permit. File pagior removal, and in any event within 72 hours.	((es, not of uplifown) (Hyes give war or dotes of service) 714248454 (NOLS MILE 1571 214815) (HACK
ite should be executed with the word "piringing in perion to the Chief Med col Exon to burial-tronsit permit. File and in any event within 72		10 CALLET OF DEATH (False with one carried the far (a) (b) and (a))
This it		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY ARTHUR STATE OF THE COLUMN CAUSE CAUSE (c).
re execution promised and an area with the contract of the con		1 2 C O IMPREDIATE CAUSE (0)
ent p	1	4-27 DUE TO, OR AS A CONSEQUENCE OF
be ev	1	Canditions, if any, which gave and the course (a) (b) (b)
ord e C e C	1	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
of with the second		
te the the company of		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(0)
KAMINER: This certificate shate the the certificate, writing the vige 4 should be forworded to though thes. Toge 3 should be used as a buritiemation, or removal, and in	1	, , , , , , , , , , , , , , , , , , , ,
vor ed ovo	É	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20. AUTOPSY?
VER: This certificate, writhould be forworlies, should be used should be used tion, or removo	CERTIFICATION	WAS PERFORMED?
This series	2	
	¥ .	21a EXTERNAL CAUSE WAS 21b. T ME OF IN. JRY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M.
rer rer roul les. sho	MEDICAL	CAUSE OF DEATH P.M. 19
	×	21d NJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, WHILE NOT WHILE foctory, affice building, etc.) State
XAM te the the ge 4 your your Cage		WHILE AT WORK AT WORK
L EXA ecute Poge for you Rr.Pag		220 I certify that book charge of the remains described above, held on Autopsy , inspection , inquiry ond in my opinion
∠ ∠ X Y D E		deoth resulter from Netural causes , Accident , Suicide , Homicide , Undetermined monner
ITY Please e erol director be retoined prior to bu		
Ty, please or retoin (AL DIRE		ACTUAL CHIEF MEDICAL EXAMINER 22b DATE SIGNED
TY Serol		SIGNATURE MILES
SS IN A FE		EXAMINERS
ro DEPUTY necessory, g the funerol 5 may be r 10 funeral Heolth price	-	NAME (Type) - LIN MARCY ADDRESS (Street, city, town, or county) AHCL
5 c = 2 5 H	230	BURIAL CREMATION 236 DATE 230 NAME OF CEMETERY OF CREMATORY 230 (CATION (City of Town) (County) (Spotal)
0	1	Jurial 9-67900 Panls Lew Va Call Cogsons Mile
al	24	F_WERAL DIRECTOR 250 REC'D BY REGISTRAR 256 REGISTRAR 5 S GNATURE
VP A1SME (S)	1 /	111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



	u .	MARTEAND STATE DEPARTMENT OF HEALTH
1 ,		12392 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212011 2102
1/	1	CERTIFICATE OF DEATH
V	<u> </u>	
€ > 2€		CEASED-NAME First Middle Last 20 DATE OF DEATH (ype or print) A A C Month Doy Year 25.
de al la	,	(ype or print) ANTONIA / CATALANO September 9 Doy 1988 1055M
offer de	3 5	
著 である		last birthday) MONTHS DAYS HOURS MIN
y he Pages		
by by lour		SIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
24 hours d in by pers. Pa	COU	TTALL (I.S. D. WIDOWED DIVORCED ANNO ARUNOGL Ma
thin 24 hours after death If filled in by mertaneral an popers. Pages Land Within 72 hours after death	10 €	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b, K ND OF BUSINESS OR
是: "		ave street address! (Senem L. Address - Self Francisco - INDUSTRY
10.00	130	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN , 13d INSIGNATIVE LIMITS? 13e STREET AND SIGNABER
1 6 9 E		ission) STATE OLD 136 COUNTY BALL OLITA YES NO 376 Florence Live
- A S A S S S S S S S S S S S S S S S S		110 BAND - STODE BLAND AVE.
ekecutoria nd coapie emove co ony even	14.	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed with retained by the hospital or ottending physician. ECTOR: After this certificate has been signed by the attending physician and completely for should be detached for use as the buriol-transit permit. Then please remove carban with the State Dept. of Health prior to buriof, cremation, or removel, and in any event, with	1	EUISCANI VITALE MARIA, PATIME
at ign	160	WAS DECEASED EVER IN L.S. ARMED FORCES? 1166 SOCIAL SECURITY NO. 17 INFORMANT Address 0
S S S S S S S S S S S S S S S S S S S		WAS DECEASED EVER IN L.S. ARMED PORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Be 1/c /ARE
ph ph	\vdash	Spaces Mrd Approximate Interval
ne deoth cer offending p permit. The		ACTIVITY ON COURSE DET THE TOT (Q), (D), ORD (C).
₹ ij.i. ï		PART I. DEATH WAS CAUSED BY Massive Coronary throm Bosis 3 Row
ie deott attendi permit.		11 10 0
ior pe	H	Conditions, if ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)
the sit properties	1	nse to immediate couse (a). (b) Acuts: Pulmonary edama 2 win
re oby		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
equires that t physician. signed by the buriol-tronsit buriol, crema?		lost (1) C. V. A.S. D censual sed 19 years +
uire hys gne grio rrio		PART 2. OTHER-SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be be retained by the hospital or ottending physician. SIRECTOR: After this certificate has been signed by the attending physician or per 3 should be detached for use as the buriof-transit permit. Then please need with the State Dept. of Health prior to buriof, cremation, or removal, and in	1	
ling ling the	8	- erucious anema 2 /eas
5 b c c c c c c c c c c c c c c c c c c	15	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
AN: The low rall of the contending frate has been for use as the Health prior to	CERTIFICATION	YES NOT CAUSES OF DEATH?
PHYSICIAN: the hospital or this certificate leftoched for us Dept. of Health		21a ACCIDENT WAS UNDERLYING 23b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)
	MEDICAL	TO DR CONTRIBUTING TO CAUSE OF GEATH HOUR A.M. Month Day Year 1
Signature	圓	(If either, natify medical examiner) P.M. 19
H 유 및 등 등	-	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREEY FACTORY) 21f LOCATION Street or R.F.D. No. Gity or Town County State
C PHYSIC the hospile this certical detached serbiced serbiced.		While Not while at wark OFFICE BUILDING, ETC
IDING d by th After d d be d	1	22a. I certify that (I) (this hospital) attended the deceased from fully 196 K, to defice fee 9, 196 K, that (I) (we) lost saw the deceased alive an interference of 196 K and that in (my) (my) apinion death accurred on the date and have and from the
d Af		saw the deceased alive an texter 9 19 3 and that in (my) (eur) apinion death accurred on the date and have and from the
E SE		couses stated above, (1) (we) (did) (did not) view the body after death
A a C st		22c. DATE SIGNED
dw dw		Bertrand CR Jack DEGREE PHYS DIRECTOR D STAFF DIRECTOR D PHYS. D 9-9-68
		22d PHYSICIANS 22e ADDRESS C. Le STCIOIRE
MD De De		NAME (Type)
TO HOSPITAL OR ATTEN Poge 4 moy be retained TO FUNERAL DIRECTOR: director, poge 3 should	1	TRIVER HINNIEULIO - IIIO
Her rec	23c	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) (State)
22 2 7		BURIOUS 1812 9-13-68 SACVED HEART CEMETERY - BALTO MIS
1.77	24	FUNERAL DIRECTOR 1 / 1 2 ADDRESS 250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE
VR(NA) 5 (X) 30M REV 1/68	E	USWORTH HRMACOST-4600 LI BERT Hights Ave DATECTO 10 1968 goliantes Jung
		13WONTH/MINICUST TOUT LIDER TO MENTS AVE DATECTO IN 1960 FORTH



AND DESIGNATION .		MARYLAND STATE DEPARTMENT OF HEALTH	
	1	10300 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	16403
' FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	(((((((((((((((((((
HEALTH DEPT.		DECEASED-NAME First Middle East 2a DATE KNOWN Month (Type or Print)	Day Year 26 HOLR
of of	1 '	Villey Herbert Catterton OF ESTI- DEATH MATED Sept	t 25 1968 M
₹ \$ ±	3 5	EX 4 RACE 5 DATE OF BIRTH 6 AGE (In years .F LINDER 1 YEAR IF JNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
# B #) £		Male White Jun 27 1921 47 YRS MIR Month Sept Doy 21	5 Yeor 1968 M
m Park Park	70	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	7001 10
- E a		Maryland US w.oowed X Divorced Anne Arundel	M.d.
to to	10 (CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in baselide 120, US. A. OCCUPATION (X nd of work done	12b K ND OF BUSINESS OR
teen 18 Give Pages 1, office along with form I and 2 with the State Diaffer death		Annapolis give street oddies Bloomsbury Square during most of working life, even if retired)	INDUSTRY
Giv Sing		. USUAL RESIDENCE (Where deceased lived, f institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER	
s afte 18 Gi e alon 2 with death	0	odmission) STATE Md. 13b COUNTAnne Arundel Anna. YES NO 19 Blooms by	ury Square
define offer of	14, 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
# 5 E E		George B. Catterton Mary Virginia Armiger	
pages hours	160		
를 를 B B	()	Yes, no or unknown) (WW II 200 218 12 2107 Miss Ginny Catterton Boy	10 Maple Ave
l with per Exam Exam File	-		MIE MO.
al I in the		B CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c).) PART I DEATH WAS CAUSED BY:	BETWEEN DISET AND DEATH
ecu ling edic em		IMMEDIATE CAUSE (o)	
end it p		DUE TO, OR AS A CONSEQUENCE OF	All de
dins hie		Conditions, if only, which gave nse to immediate couse (a), (b)	
ord al-tr		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be executed ne word "pending" is to the Chief Medical burial-transit permit.		lost (c)	
2 = = = = = = = = = = = = = = = = = = =		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
ifica ting rider as as	No	42.21	
his certii ate, writ e farwai be used	AT 0	196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
is of form	CERTIFICAT	WAS PERFORMED?	YES NO 🛣
The fical be of the first of th	8	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, 19	tem 1B)
NER: T certifica hould b lies shauld rtran, ar	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
NN Be compared to the compared	9	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street 21f LOCATION Street or R.F.D. No. City or Town	Caunty State
DEPUTY DICAL EXAMINER: This certifucessary, please execute the certificate, writing of funeral director. Page 4 should be farward may be retained far your files FUNERAL DIRECTOR: Page 3 should be used a colfit priar to bund, cremation, or removal		WHILE NOT WHILE factory, office building, etc.)	
L EXA ecute Page ar yal R: Pag		22a. I certify that Dook charge of the remains described above, held an Autopsy , Inspection , Inquiry	ond in my opinion
ICAL E) e executor far. Paged far.) (CTOR: Pundl,		death resulted from: Natura couses , Accident , Suicide , Homicide , Undetermined manner	
please e di director retained. DIRECTORECTORECTORECTORECTORECTORECTORECTO			
TY, please and direction can be retain the prior to		ACTUAL CHIEF MEDICAL EXAMINER 226 DATE	SIGNED
EPUTY SSary, funeral ay be a JNERAL Ith prin		SIGNATURE STATE OF THE STATE OF	11/8
DEP1 ecessor ecessor may FUNE		NAME (Type) Continue Continu	2. ()
O DEPUTY necessary, the funera 5 may be O FUNERA	22.0	t Action of	((
100	230	PFMOVA (Sparfy)	(Caunty) (State)
	-04		.A. Co. Md.
VR A15ME (51 € 0			SIGNALUK
10M REV 1 600	DI	EALL FUNERAL HOME 1212 West St Anna Md DATE SEP 30 1968 gold	The grant



_	L			D STATE DEPARTM				
1		1239	DIVISION OF VITAL RECORDS,	301 W. PRESTON STR CERTIFICATE OF I		RE, MARYLAND 21201	124	04
- 17 m	I D	ECEASED NAME LAST HIN	AidBe	"Last		DATE OF DEATH		2b. HOUR
death	(iype or print) Cha	ase WINFI	649 Newton		Month 0	1 68	11:09
	3. S		4 RACE	S DATE OF BIR	ETH .	6. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS
a de la companya de l		Male	Negro	1904		lost birthday)		HOURS Min.
S. Poges 1.	7o	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARK	9. CO	UNTY OF DEATH		
T S E	COU	unknown	USA			nne Arundel		Md
attention requires into the adeath terrincole be executed within a attending physicion. Hos been signed by the attending physicion and completely filled se as the buriol-transit permit. Then please remove carbon pay the prior to buriol, cremation, or removal, and in any event, within	10 (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If not in haspital	12a USUAL OCC	UPATION (Kind of work done		USINESS OR
Mit		Crownsville	Crownsville		unkno		INDUSERT	
car car ent,	- Ladm	ission) STATE	ed lived, if institution. Residence before	7.0 411 2 .411	YES NO.	13e. STREET AND NUMBER		
com y ev		Maryland	Anne Arudel	Severn		Box 232 Rt 2	2 Severn	
buriol, tremation, or removol, and in any event, w	14.	JOHN First Number	known 4-95 E Lost	15 MOTHERS MAI	DEN NAME FIRST	GROPKE	5	Lost
one		es no, or unknown) (IFyes give	AED FORCES? 16b. SOCIAL SECURITY N	17. INFORMANT		Address		
20	·	unknown	unknown	Hospital	Records,	Crownsville	, Marylan	d
emo			ly one couse per line for (o), (b), and (c).)			APPROXIMA BETWEEN ON	ATE INFERVAL ISET AND DEATH
mit.		PART I. DEATH WAS CAUSE IMMEDI.	ATE CAUSE (0) Severe	Anemia				
aff peri jon,	1	1.7127	DUE TO, OR AS A CONSEQUENCE OF					
nsit		Cond Sans, if any, which gave rise to immediate cause (a),	(b) 01 GIII 2					
-tra		stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	7 14				
2			(d) Arteriosi NDITIONS CONTRIBUTING TO DEATH BUT NO	clerotic card	10-Vascu	lar disease		-
0 01		A	Mental deficien		DISEASE OR CONDIN	ION CHECK BY FACE I(d)		
10	CERTIFICATION	190 DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PE		SY?	206, IF YES, WERE FINDINGS	CONSIDERED IN CER	RTIFYING
ā X	18			YES 🗀	но 🗆	CAUSES OF DEATH?		
		21a. ACCIDENT WAS UNDERLYIN		21c. HOW INJURY OCCU		e of injury in Port 1 or Part 2	?, Item 18.)	
	MEDICAL	OR CONTR BUTING CAUSE OF OEA'						
	W.	21d. INJURY OCCJRRED 21e. While Not while at wark	PLACE OF INJURY (AT MOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street	or R.F.D. No.	City or Town	County	State
	П	22c. I certify that (1) (th	is haspital) attended the decease live on 9/4 1	ed from 10/15/23	, 19_23,	to 9/4 , 1	9 <u>68</u> , that ((I) (we) las
The	L	saw the deceased a causes stated above	live on <u>9/4</u> 1 e, (1) (we) (did) (did nat) view the	9_68, and that in (my bady after death.	r) (aur) apinian	death accurred an the o	date and haur a	nd fram the
		226 SIGNATURE	les RiTlent	ATTENDING PHYS.	G MED. DIRECTO	R STAFF 22	c. date signed 9/5/68	
director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		22d PHYSICIAN'S NAME (Type) Chara		22e. ADDR		Ma		
d b	L	Charte			nsville S	State Hos. Ma	ryland	
M	23 a	ELMAL, CREMATION, 23b	1/9/68 m	CEMETERY OR CREMATORY	/ 23d.	South (City of Toyn)	(County)	(State)
)	24	FUNERAL DIRECTOR	than 15 C ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2So REC'D BY REGI		S SIGNATURE	LAN.
1/68	1	The same	- NONE	Mondo.	DATE SEP	9 196B yell	and June	





_		ND STATE DEPARTMENT OF		
12396	12396 DIVISION OF VITAL-RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
		CERTIFICATE OF DEATH		12406
1 DECEASED-NAME (Type or print) Lud	mila B.	Coney	20. DATE OF DEATH SEPT. 30	1968 208 M
3 SEX Female	4 RACE White	S. DATE OF BIRTH, March 13	, 1903 6 AGE (in years last bythgay) YRS.	AF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
70 BIRTHPLACE (Stote or foreign country USS Z	76. CITIZEN OF WHAT COUNTRY? U.S.A	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	In COUNTY OF DEATH Arun	nde/ Md.
IO CITY OR TOWN OF DEATH HANDAPOLIS	give street address 2 p	ASTUUTION (If not in hospital during)	UAL OCCUPATION (Kind of work done prost of working life, even ut etired)	125 KIND OF BUSINESS OR INDUSTRY OME
130 LSUAL RESIDENCE (Where de la demission) STATE	reosed lived, functifut on Residence before		LIM. TS7 130. STREET AND NUMBER 100 123 U. 2 1 d	lour Dr.
14 FATHERS NAME // First	mir Dobrovol	SKZY IS MOTHER'S MAIDEN NAME	First Middle	"UnK) tost
160. WAS DECRASED EVER IN U.S. Yes, no. as Jaknown) (If yes	ARMED FORCES? give war or dates of service) 16b. SOCIAL SECURITY	YNO 17 INFORMANT Cone	Address +	±13
Conditions, if dny, which grass to immediate couse storing the underlying colost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSCIUENCE O	teta Probabi	CONDITION GIVEN IN PART 1(0)	BETWEEN ONSET AND DEATH SECOND OF THE SECON
190 DATE OF OPERATION 210 ACCIDENT WAS UNDER	196. CONDITION FOR WHICH OPERATION WAS P	PERFORMED 20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
210 ACCIDENT WAS UNDER	DEATH HOUR A.M. Month Doy Yeo	or 19	ter nature of injury in Port 1 or Part 2, i	item 18.)
While Not while of work at work		ACTORY.) 21f. LOCATION Street or R.F.D. N	all.	County State
30W HIC UCCCUSC	(this hospital) attended the decear d alive an ove (i) (we) (did) (did not) view the		bx , ta //////////////////////////////////	that (I) (we) last the ond hour and from the
22b SIGNATURE	Stephens		MED. STAFF 22c I	DATE SIGNED
22d. PHYSICIAN'S NAME (Type)	4. P. Stephens	22e. ADDRESS	Cornhill S	54.
CREMOVAL (Spekify)	10/1/68 Ft.	F CEMETERY OR CREMATORY LINCOIN	B/2 de 15 burg	(County) (Stote)
24. FUNERAL DIRECTOR	a + foro anno	Sing Mil - DATE D	BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE SINGLE



met /	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		12397 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	A 4
HEALTH DEPT.		DEFENCE WANTE	2.2.7.3
	1	(Type or Print) OF ESTI-	26 1968 P M
0,	3 9		26 1968 P M
2, and 3	,	log princey) MONTHS DAYS MODES MINE MONTHS DAY	Yeor 1968 PM
5 % EIV	70	BIRTHPLACE (Stote or fore gn 7b Cit ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	1960 L M
- E G	cou	MINDO U.S. WIDOWED DIVORCED HAVE FROME	or!
Poges with for	10	CUY OR TOWN OF DEATH III NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done I	12b KIND OF BUSINESS OR
fours a er deoth fearer, dive Poges 1, Office olong with form I and 2 with the State De after deoth.	1	THE TOP LIS greatest address ATE TOPS during most of working (To, even if retired)	INDUSTRY"3
£ £		USJAL RESIDENCE (Where deceosed lived, if institution Residence before 135 CTV, OR TOWN 13d MISIOE CTV LIMITS? 13e STREET AND NUMBER	
2 (a) 12 A		Odmission) STATE M.D. 136. COUNTY A. H. HILLSIMERE YES NOW 122 KUETI	HE DR-
ference of the state of the sta	4	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
hin 24 ncil in niner's poges hours	160		utwein'
		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SPEURITY NO 17. INFORMANT FARWCES E. COVING TO 4.	418
H wuth per Exor	-		APPROXIMATE INTERVAL
This certificate should be executed will icate, writing the word "pending" in perbe forwarded to the Chief Medical Exord be used as a burial-transit permit. File or removal, and in any event with n 72		18. CAUSE OF DEATH (Enter only one couse per ne for (a); (b), and (c))	BETWEEN ONSET AND DEATH
wed wed the period		MMEDIATE CAUSE (0) WELL STATE (WELLING FILLE) 75 X DUE TO, OR AS A CONSEQUENCE OF	The same of the sa
per per ief / insit		Conditions, if ony, which gove)	achlin
Part of the state		rise to immediate couse (o), (b)	
should be e re word "per to the Chief I buriol-transit I in any even			
the state of the properties of		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)	
ertificate should writing the word rwarded to the Cised os a burial-transvol, and in any	z	976×	
wr. wr. rwo rwo nove	CATION	90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
his certif ate, writ e forwar be used remova	CERTIF		YES NO
INER: T in certifical should b fles 3 shauld nation, or	AL CE	210 EXTERNAL CAUSE WAS 210 T ME OF INJURY Month, Doy, Year 210 HOW IN. JRY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite	im 18)
KAMINER: te the certi ge 4 should your fles age 3 shaul	MEDICAL	CAUSE OF DEATH TM 9/26 19 68 Stiff lifter les plantach No	esco_
XAMIN Je the ge 4 sh your f Page 3 cremat	~	factory after hulding str.)	County Stote
SICAL EXAMINER: se execute the cert ctor. Page 4 should ned for your fles ECTOR: Page 3 shau burial, cremation,		220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry death resulted from. Natural causes , Accident , Suicide , Hamicide , Undetermined manner (, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ITY BICA ry, pleose e eral director be reto.ned RAL DIRECT prior to bu			
ald la		ACTUAL SIGNATURE CASCILLA ACTUAL M.D. ASSISTANT MEDICAL EXAMINER (1226 DATES	SIGNED
dry, dry, be be pr			6/68
TO DEPUTY ELICAL E necessary, please exect the funeral director. Pa S may be refound for T funeral Director. Health prior to burial,		NAME (Type) LIN MAKE (Type) ADDRESS(Street, city, town, or county) ATM	30 .
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230	BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d, OCAT ON (CITY or Town)	(County) (Stote)
	5	REMOVA (Specify) 9-29-68 Hilberest HUNDAPCHIS /	414- MD.
VR A15ME (51)IN	17	ADDRESS 250 REC D BY REG STRAR 250 REG STRAR S S	

		•	DIVISION	MARYLAN OF VITAL RECORDS,			IENI OF HEAI		201 125	08
(3-)		12398	DIVISION			CATE OF		nt, maki band 212	TOI (% E	* * * * * * * * * * * * * * * * * * * *
- ~ =		CEASED NAME First		Middle		Lost		DATE OF DEATH		2b HOUR
funeral and 2	[]	ype or print) Floren	ce	H.	Cudd	Ly		9 Month 2	6 Doy 68 Year	8:10 p
Ter Ter	3 58		4 RACE			S DATE OF BI		6 AGE (In year lost birthdoy	OF FUNDER LYES	
E ()		Female		W	1.		0-91	77	YRS.	.,
bod Son	70 l			OF WHAT COUNTRY?		NEVER MAR	(KIED	OUNTY OF DEATH Arundel		
filled i pape thin 72	10.0	Mary land	US	S NAME OF HOSPITAL OR IN	WIDOWED		RCED AY	CLPATION (Kind of work	dana 196 VIND	OF BUSINESS OR
# 70 pm 4		Glen Burnie		give street address) Horth Arund	lel	·	during most of	f working life, even if ret SW116	tired) INDUSTRY	
ne death certifican be executed with attending physician and campletely permit. Then please remave carbor ian, or remaval, and in any event, wi	13a odm	LSUAL RESIDENCE (Where deceos ssion) STATE Md	ed lived if a 1.3b. COU	NTY		TOWN 229	13d INSIDE CITY LIMITS? YES, NO	136 STREET AND NUME		
S Garage			V	Balto.	Balt.		7 - -		ococo Add	
and rem	14. 1	FATHER'S NAME First	Mic	ldle Lost			AIDEN NAME First		ddle	LOS!
.000	16o.	Wm Plitt WAS DECEASED EVER IN U.S. ARM	ED FORCES?	16b. SOCIAL SECURITY	NO. 17.	INFORMANT	Christin		Iress	
e death certificat by attending physician persein. Then please an, or remayal, and it		es, no, or unknown) (Il yes give w	ar or dates of serv				E. Cudd	_		21228
g pt Ther			y one couse	per line-for (a), (b) and (c)		Λ	Λ . /		APP	ROXIMATE INTERVAL EN ONSET AND DEATH
ndin iit.		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED IMMEDIA	BY TE CAUSE (c)	(conti	My o	eardie	el infe	ar client		CO SUSCI PAID DON'T
atte		4109		OR AS A CONSEQUENCE OF	_(]		1			
nt the		Conditions, if only, which gove)	(b	13 P	()					
than tran		stoting the underlying couse	DUE TO	, OR AS A CONSEQUENCE OF						
quires tha physician signed by burial-tran		PART 2 OTHER SIGNIFICANT CON	(t	TRIBUTING TO DEATH BUT A	OT BELATED T	O THE TERMINE	L DICTACE OD/OND	TION CIVEN IN DARK 1/a)		
requestion of the property of		PART 2 OTHER SIGNIFICANT CON	INITIONS CON	I O A . O	PL A	U THE TERMINA	T DISTASE DICTUMDS	HON GIVEN IN PART I(0)		
law ndin beer s the	MOLE	190. DATE OF OPERATION 196.	CONDITION FO	OR WHICH OPERATION WAS PE	REFORMED	20o AUTO	PSY?	20b IF YES, WERE FINE	DINGS CONSIDERED II	N CERTIFYING
4: The law requires th ar attending physician te has been signed by . use as the burial-tra salth priar ta burial, cre	CRETHICATION					YES 🗆	NO 🔀	CAUSES OF DEATH?		
ar are		210. ACCIDENT WAS UNDERLYIN	G 21b. T	ME OF INJURY		OW INJURY OC	URRED (Enter note	ure of injury in Port 1 or	Port 2, Item 18.)	
Pital Pital of Fi	EDICAL	OR CONTRIBUTING CAUSE OF DEAT	ier]	P.M 1	9					
OR ATTENDING PHYSICIAN: The law requires that the death certificate be retained by the haspital ar attending physician SIRECTOR: After this certificate has been signed by the attending physic let 3 should be detached far use as the burial-transit permit. Then ple ed with the State Dept. af Health priar to burial, cremation, or remayal, a		21d INJURY OCCURRED 21e	PLACE OF IN.	IURY (AT HOME FARM, STREET, FA	CTORY.) 21f, L	OCATION Street	et or RFD No	City or Town	County	Stote
te D		While Not while of work					10	10 9/26/6	(N)	. (3) () 1
DIN I by Affe be Sta		22a certify that (1) (the saw/the deceased a	is hatpital	enenged the detects	ed tram 19 an	d that in (m	, 19 <u></u> v) (aur) apiniar	death accurred an i	the date and ha	hat (1) (we) last
TEN ined ould ould the		courses stated above	(I) (we)	(did) (did not) view the	bady after	death.	77 (001) 0011101	abani accomba an	THE GOTE GIVE HE	Di Gila il Gili il Il
A A A A A A A A A A A A A A A A A A A		22b. SIGNATURE	() (k	ROS	VII	ATTENDI	NG MED.	STAFF	22c DATE SIGNED	0
L OI DIR DIR		224 DESIGNATE	1 10	Conus	PUDEO	REE PHYS.	DRESS 3(2)	A	19/2/10	50
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the d Page 4 may be retained by the haspital or attending physician TO FUNERAL DIRECTOR: After this certificate has been signed by the attactor, page 3 shauld be detached for use as the burial-transit pershauld be filed with the State Dept. af Health priar ta burial, crematian,		22d. PRITYCHAN'S NAME (Type)	413.	16 HM RX	2 19	^//		thin ADOC	13/ 20	pace 27
HO Dge J FUN Fun haul	230	BUR AL CREMATION, 236			CEMETERY OR			d. OCATION (City or Tow		(State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	24	FUNERAL DIRECTOR	30/68		rn Cem	etery	250 REC D BY REC	altimore, M	CL. STRAR S SIGNATURE	
VR A15 (4) 30M REV 1 (8)	W:	funeral director itzke, 4101 Edn	nondso	n Ave., 2122	9			3 0 1968	Charles	inder.
VDY.		*					DATE 2	1000		



STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH I DECEASED NAME First 2c. DATE OF DEATH tending physician.

Is been signed by the attending physicion and campletely filled in by free typeral as the burial-transit permit. Then please remave Carban papers. Pages 1 and 2 prior to burial, cremation, or remaval, and in any event, within 72 hours after death. (Type or print) Month drs after 3. SEX RACE AGE (In years IF UNDER 24 HRS. MONTHS 0AYS HOURS 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH. MARRIED NEVER MARRIED country) WIDOWED D:VORCED [O CLLY OR TOWN OF DEATH 11 NAME OF HOSP JAL OR INSTITUTION of no hospital 120 USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 136. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d MSIDE CITY LHAITS? 13e STREET AND NUMBER odmission) STATE 13b COUNTY YES 🗌 14 FATHER'S NAME 15 MOTHERS MAIDEN NAME First Middle Middle Lost requires that the death certificate be 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) [If yes give wor or dates of service] 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).) PART I DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ! rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 🕉 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOTIFIED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Page 4 may be retained by the haspital or attending **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IF YES, WERE 20a AUTOPSY? CAUSES OF DEATE YES -21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 216 TIME OF INJURY OR CONTRIBUTING TO CAUSE OF GEATH HOUR A.M. Month Day Year P.M (If either, natify medical examiner) 21e PLACE OF INJURY AT HOME, FARM, STREET FACTORY 1 21d. INJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town County State While Not while OFFICE BUILDING, ETC at work 22a i certify that (1) (this hospital) attended the deceased fram and that in (pry) (our) opinion death accurred an the date and hour and from the saw the deceased alive an. cocker stated above A view the bady after death. ATTENDING PHYS. PHYS. DIRECTOR RIAL, CREMAT ON 23h DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (city or Town), (County) (State) Golesville 2Sa REC D BY REGISTRAR 2Sb. REG STRAR'S VR A14 4 30M REV V68

61	1	12400 MARYLAND STATE DEPARTMENT OF HEALTH	
FORGERAFE	tte	Division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201	12410
FOR STATE		military 10/8/68 jp MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1 (Type or Print)	Day Year 2b HOUR
		LIARRY DIAVIES DEATH MATED 7	22 400 DM
dela 3 de dela	3 5	A RACE S BATE OF BIRTH 6 AGE (n years of Lunder 24 MRS) 2c DATE PRONOUNCED DEAD of purificacy Months DAYS MOURS MIN Month & Day 1	Year 68 2d HOUR
J, 2, c		BIRTHINALY (STOP OF MARKED NEVER MARRIED 9 COUNTY OF DEATH	
oth darr	To La		Md
The State of the S			126 K ND OF BUS NESS OR INDUSTRY
haurs after de Item 18. (IV Office alby a wi Land 2 with the after death.	13a	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY UM/152 13e STREET AND MARKET	Pilat
haurs item 18 Office and 2	14	ATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First A Middle	Lost
INER: This certificate should be executed within 24 haurs of the certificate, writing the ward "pending" spenct in Item 18. should be forwarded to the Chief Medical Examiners Office abilities. Should be used as a burial-transit permit. File pages land 2 wit nation, or remayal, and in any event within 72 haurs after deal		Elijah Danies Hannah Sherato	1051
hin 24 ncl in niner s pages haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 23	7 Old Kine
be executed within "pending" stapper lief Medical Examine unsit permit File pagevent within 72 ha		1100 Harry Danes K	APPROXIMATE INTERVAL
de d		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND OFATH
executed nding's Medical spermit permit nt within		IMMEDIATE CAUSE (a) CALLLAGE CHEMICAL	lw.C.
sit p		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove)	
d be d in Chie		rise to immediate couse (o), (b)	
te should be e the word "per 1 to the Chief I a burial-transit and in any ever		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
to the bund of in		(c)	1
This certificate should be executed italiate, writing the word "pending" at be farwarded to the Chief Medical E. d be used as a burial-transit permit E or remaval, and in any event within		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)	
writ war war sed	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
te, for rem	THE	WAS PERFORMED?	YES NO
iNER: This certificate, wrificate, wrificate, wrificate, files. 3 shauld be used afrian, or remaval	I GR	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2 life	em 18)
Cent cent cauf es. shau	MEDICAL	CAUSE OF DEATH P.M 19	
bical Examiner: se execute the certi ector. Page 4 shaufd ined far your files. ECTOR: Page 3 shauf a burial, cremation,	2	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street 21f LOCATION Street at R F D No City at Town factory, office building, etc.)	Caunty State
L EXA ecute Page ar you ar you id, cre		WHILE NOT WHILE Tactory, office building, etc.)	
AL For Por For Purity		22a. I certify that took charge of the remains described above, held an Autopsy, Inspection 💆, Inquiry 🔀	ond n my opinion
olcase ex director. etained DIRECTO		death resulted from Natural causes , Accident , Suicide , Homicide , Undetermined monner (
please direct direct pretaine		ACTUAL CHIEF MEDICAL EXAMINER 225 DATES	CICNED / ~
RAI Pri		SIGNATURE M.D. ADDITANT INCOME EXPENSES	ry/61
necessary, please execute the the funeral director. Page 4 st 5 may be retained for your fit TO FUNERAL DIRECTOR: Page 3 Health priar ta burial, crema	1	EXAMINER'S NAME (Type) L. LIN MIRCH ADDRESS(Street, city, town, or county)	Arjac.
5 4 7 5 T	230	BURNAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAL ON (City or Town)	(County) (State)
. 0		Jurial 9-25-68 Crest vain com 10,40 d su	not fell the
VR ATSME	24,	PUNERA, DIRECTOR 250 REC D BY REGISTRAR A 1950 DECIDENTALES 250 REC D BY REGISTRAR A 1950 DECIDENTALES	IGNATURE My (-
TOUR DEV. T. AND	1	Mark Make Village Color Color (CARCIO) I 1300 Kills	THE WARREN



8.11

1,00

16	-	12401	DIVISION OF VITAL RECORDS,	D STATE DEPARTMEN 301 W. PRESTON STREE CERTIFICATE OF D	ET, BALTIMORE, MAI	RYLAND 21201	1271	9
on papers. Pages and 2 within 72 haurs after death.		CEASED NAME First Laurence	Middle	Davi s	20. DATE OF	DEATH Month 13 Doy	6ĕ ^{eor}	26 HOUR 7:20 M
s after	3. SE	x Male	4. RACE White	5 DATE OF BIRTI	1 0- 96	6. AGE (n years lost budhdoy) YRS.		F UNDER 24 HRS. HOURS MIN.
7	7o l	SIRTHPLACE (Stote or foreign try) Maryland	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIE WIDOWED DIVORCE		DEATH Arundel		Md.
7	10 0	ITY OR TOWN OF DEATH Glen Burnie		unde!	12a USUAL OCCUPATION during most of working Mach. R	life, even if retired)	12b KIND OF BUILDING TRY	USINESS OR
1	130 odm	JSUAL RESIDENCE (Where decease ssion) STATE Md.	d lived, if institution: Residence before 13b. COUNTY	Severn_ Y	INSIDE CITY LIMITS? 13e STI ES NO Rt	REET AND NUMBER 1 Box 323		
į.	14	ATHER'S NAME First	Middle Last	IS. MOTHER S MAID		Middle		Last
	16a Y	Samuel WAS DECEASED EVER IN US ARMI es, no, or unknown) (If yes give we Yes Ulu	r or dates of service)	NO. 17 INFORMANT	Mary M. Mitchel	Rt Aldress B	ox 322	eson
	CERTIFICATION	PART I. DEATH WAS CAUSED IMMEDIA! Conditions, if any, which gave rise to immed ate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CONI	ONDITION FOR WHICH OPERATION WAS PE	or related to the terminal of Dollanding	Printy D	N IN PART 1(a) YES, WERE FINDINGS CO	hom 2W	ET AND DEATH TIFYING
	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, not fy medical examin 21d INJURY OCCURRED While Nat while of work at work	HOUR A.M. Month Day Year		or R.F.D. No City	ry in Port 1 or Part 2, i or Tawn	County	Stote
		220. I certify that (I) (this	s haspital) attended the deceas ive on (I) (we) (did) (did nat) view the	body after death.		octurred an the da	, that (te and haur o	(I) (we) lost nd fram the
,			ary T. O'Herlihy		objector Lists th Arundel		-14-	68
0	230.	BURIAL, CREMATION, 23b D		CEMETERY OR CREMATORY Haven Mem 1		ON (City or Town) Burnie.	(County)	(State)
158	24	FUNERAL DIRECTOR R.P. Ware	Singleton Fund	nel Homo	So REC'D BY REGISTRAR	25b REGISTRAR'S	SIGNATURE	ge.

Ė.

MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120' 12402 CERTIFICATE OF DEATH Lost 2g, DATE OF DEATH DECEASED NAME First Middle 2b. HOURA The law requires that the death certificate be executed within 24 hours after death (Type or print) Month DORSEY September Howard Wilson 1968 IF UNDER 1 YEAR 3 SEX 4. RACE S DATE OF BURTH 6. AGE (In years last birthdoy) MONTHS 1 DAYS MOURS odn papers. Page: within 72 hours af August 14, 1888 Male Negro 7b. CIT 7FN OF WHAT COUNTRY? 7p BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH 8 MARRIED X NEVER MARRIED country) DIVORCED [Anne Arundel County United States W DOWED [7] Maryland filled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired) give street address) INDUSTRY carben Anne Arundel General Annapolis Church 130 USUAL RESIDENCE (Where decepsed lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMPES? 13e. STREET AND NUMBER Maryland Anne Arundel NO A Rt. 1, Box 405 Severna Par physicion ond nen pleose ren buriol, cremotion, or removol, and in ony 14 FATHERS NAME Lost IS MOTHER'S MAIDEN NAME First Middle M-ddla Maria Louise UNKN Dorsey Howard 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17 INFORMANT Address (If yes give war or dates of service) Yes, no. or unknown) 219-12-3010 Sadie Day Rt 1 Severna Park Md 4535353535 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)
PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH signed by the ottendir burial-transit permit. -arcin una IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) After this certificate has been should be detached for use as the with the State Dept, of Health prior to Aug tats 20 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 195 CONDITION FOR WHICH OPERAT ON WAS PERFORMED 20n AUTOPS 2 CAUSES OF DEATH? YES | NO LZ 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW NUJRY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hern 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Day Year If either, notify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Town County State While Nat while at work at work 22a I certify that (ID)(this haspital) attended the deceased from 1955, ta 1955, that (I) (we) last saw the deceased alive an 1955, and that in (my) (aur) opinion death accurred an the date and haur and from the ul-1 . 1968 , that (I) (we) last TO FUNERAL DIRECTOR: causes stated abave (1) (we) (did nat) view the body after death 22c. DATE SIGNED 22b. SIGNATURE ATTENDING 20/68 DEGREE director, page 3 PHYS. DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 1407 Forest Drive, Annapolis, Maryland. John L. Hedeman 23d LOCATION (City or Town) 235 DATE 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, (County) (State) REMOVA (Specify) Carpenters Hill 9-23-68 Md 2Sa REC'D BY REG STRAR 25b. REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) C.E. Hicks, 111 Annapelis, Maryland 30M REV



1		NO STATE DEPARTMENT OF I		
12403	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	12112
1. DECEASED NAME First		Las†	20 DATE OF DEATH	2b HOUR
(Type or print) Roland	d Orlando	DRACH	September 3	1968" 3:58 N
3 SEX	4 RACE	S. DATE OF BIRTH	6. AGE (in years lost birthday)	#F JINDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
Male	White	1:31 4 1	660 75 Y	
7o BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
Maryland TO CITY OR TOWN OF DEATH	U.S.	WIDOWED DIVORCED	Anne Arundel	Md
Annapolis	give street address) Anne Arunde	Gen. Hospital	At OCCUPATION (Kind of work do lost of working life, even if retired	
13a USLAL RESIDENCE (Where deceo odmission) STATE Maryland	sed lived, if institution. Residence before 13b COUNTY Anne Arundel		13e STREET AND NUMBER Cape Ann	
14 FATHER'S NAME First	M ddle DRX10	15 MOTHER'S MAIDEN NAME I	First Middle ZACOTH Middle	MALLONEE
160. WAS DECEASED EVER IN U.S. AR Yes, no, or unknown) (tyes give	MED FORCES? war or dates of service) 16b SOCIAL SECURIT	INC 17. INFORMANT DPA	H CAST	+ 42 1 to
18. CAUSE OF DEATH (Enter of	y one couse per line for (a), (b), and (())		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART I DEATH WAS CAUSE	D BY Cerebral	Thrombosci		Immediat
1 1 7 1 7	DUE TO, OR AS A CONSEQUENCE O		2 / 4	450
Condit ons, if ony, which gave rise to immediate couse (a),	(b) Rupture	d stomal when	of stomach	70 lucior mor
stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE O	F	1	
	(c)	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(a)	
	Fracture	- of left 1	rip	
196 DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS I	PERFORMED 20a. AUTOPSY?		S CONSIDERED IN CERTIFYING
RTHE		YES NO	CAUSES OF DEATH?	
		21c. HOW INJURY OCCURRED (Ente	er noture of injury in Port 1 or Part	2, Item 18.)
(If either, natify medical exam	ner) P.M.	19		
White Not while	PLACE OF INJURY (AT HOME FARM, STREET, I OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCATION Street or R F.D. No	City or Town	Caunty State
di wark ar wark	us hasnital) attented the days	and from Aug 20 10	68 to 44 3	19 60 , that (I) (we) las
saw the deceased o	nis haspital) attended the decea	19 6) and that in (my) (aur) an		
causes stated abav	e, (I) (we) (did) (did nat) view the	e bady after death.		
22b. SIGNATURE	d Fe Smith	DEGREE PHYS	MED. STAFF DIRECTOR PHYS.	2x. DATE SIGNED
22d. PHYSICIAN S NAME (Type)	Hard F. Smi	the MD 22e. ADDRESS	Shady Side	Maryland
23g. BURIAL, CREMATION, 23b	DATE 23c NAME O	F CEMETERY OR CREMATORY	23d. LDCAT ON (City or Town)	(County) (State)
24 FUNERAL DIRECTOR	ADDRES			AR S SIGNATURE
Transfer to	11 x 14 12. C.A	DASEP	9 1968 Jolia	wells Judge





	11		MAK	Arand 2141F	DEPARIMENT OF	HEALIH	
1		12405	DIVISION OF VITAL RECO			LTIMORE, MARYLAND 21	201 12115
	1	TOJUS .		CERTIFIC	ATE OF DEATH		
o# 2.		CEASED NAME First ype or print)	EORGE Middle	EE	EA SON	2a. DATE OF DEATH Month	Doy Year 2b HOUR
100				, 6 6		9	24 1968 16 71.11
	3 58	×	4. RACE		S DATE OF BIRTH	1840 6 AGE (In ye	
State Dept. of Heolift prior to Burial, cremation, of removal, and in only, event, within 72 hours	7a I	IRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH	
	-	"N. Carolina	USA	WIDOWED	DIVORCED	Anne Arunde	
	10 0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITA give street oddress)	LOR INSTITUTION (IF r	ot in hospitol 12a. US dutina	SUAL OCCUPATION (Kind of work most of warking life, even if re	
		Crownsville	[Crownsvi]	le State	Hespital '	unknown	
	13 o. oden	USUAL RESIDENCE (Where deceo: ssign) _STATE	ied lived, if institution: Residence	betele 13c CITY OF			
		Altimore, Md		Balt		- LULU THENGE	
4	14. 1	ATHER'S NAME First Unkn	Middle	Lost 1	s. mother's maiden name Unkni		ddle Lost
1	160	WAS DECEASED EVER IN U.S. ARM		CHRITY NO. 132	INFORMANT		dress
	100		ver or dates of service)				
	-		unkno		lospital Rec	ords, Crownsvi	lle, Maryland
		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one cause per line far (a), (b), D BY:		.1 \ \	Cari in a	BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDI			The come	- January	
		Conditions, if any, which gave)	DUE TO, OR AS A CONSEQUE	1			
		nse to immediate couse (a), ((b) VENALA CONSEQUE	morra			
		stating the underlying couse	1000	1 (7)			
		- 4 : 1 · ·	(c) 175 - V NOTIONS CONTRIBUTING TO DEATH	4-/	O THE TERMINAL DISEASE O	RECONDITION GIVEN IN PART 1/o)	Orbido Wybu - make
	1_	Severe L	18 me to a	N/ COLVE	c) Vacuita	1. 1100 - 11 1	and so serves to the
	CERTIFICATION		CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FIN	DINGS CONSIDERED IN CERTIFYING
1	I DE				YES NO	CAUSES OF DEATH?	
		21a ACCIDENT WAS UNDERLYIF				nter noture of injury in Part 1 ar	Port 2, Item 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEA'	TH HOUR A.M. Manth Doy ner) P.M.	Year 19			
	ME.	21d INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM,		OCATION Street or R F D	No. City or Town	County State
		at wark at work					
		22a. I certify that (I) (th	is haspital) attended the d	eceased fram	4/14,19	66_, to 9/24	, 19_68_, that (1) (we) las the date and hour and from the
	1	saw the deceased a	live on <u>9/24</u> e, (I) (we) (did) (did nat) vie	Iソ <u>_</u> b&, on w the hady ofter	d that in (my) (our) a	pinion deoth occurred on	the dote and hour and from the
		22b SIGNATURE	s, (1) (we) (ala) (ala liat) vie	W IIIe bady offer	ogam.		22c. DATE SIGNED
		Wick P.	Marthan	DEG	REE PHYS	MED. STAFF DIRECTOR PHYS	9/25/68
- 1		22d. PHYSICIAN'S	110000		22e ADDRESS	7,	
1		NAME (Type) Nick	P. Moutsos, M.D	•	Crownsvi	ille, State Hos	spital, Maryland
_	230	BURIAL, CREMATION, 23b.	DATE 23c N	ME OF CEMETERY OR		23d LOCATION (City or Tow	vn) (County) (State)
1	LE		30/68	Mt. A		Baltimore,	
U	24.	FUNERAL DIRECTOR arles A. Ric	e 661 W. Ba	poress rre St.	250 85	BY RECHTRAP 968 256 XZ	ABOR CHANGING WARE
	17.	WI TOO W. IIT	OUT HE DO	710 000	DATESE		4



	12406		CERTIFICATE OF DEATH		12716
	1. DECEASED-NAME First (Type or patient)	Middle Elizabeth	lost Edwards	2a. DATE OF DEATH 9 Month 280	од 968 Year 2: 40 p _м
	3 SEX Female	4 RACE Negro	S DATE OF BIRTH 8-11-18	6 AGE (In years lost birthday) 50 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN 5.
	70 BIRTHPLACE (State or foreign country) and	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 COUNTY OF DEATH A.A. Co.	Md.
4	10. HIT OF TOWN OF DEATH	give strengedeeth Arm	undel during it	JAL OCCUPATION (Kind of work done nost promote no life, even if retired.	125 KIND OF BUSINESS OR INDUSTRY
	13o USUAL RESIDENCE (Where deceo odmission) STATMd.	sed lived, if institution. Residence before		13e STREET AND NUMBER Rt1 Box 423-	-A
	14. FATHER'S NAME First William Pearr		is. mothers maiden name Martha Wi		Lost
	160, WAS DECEASED EVER IN U.S. AR. Yes, na, ar unknown) (If yes give	MED FORCES? var or doles of service]		iwards-RFD-I-E	
	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDI	ly one cause per line far (o), (b), and (c) D BY: ATE CAUSE (a)	Il Consessione	7 line -	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost	(b)	a Caurin		34
	PART 2 OTHER SIGNIFICANT CO	(C) NOTIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	J now
	DE ORIFERT 68	CONDITION FOR WHICH OPERATION WAS PI	YES NO [CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Manth Doy Year ner) P.M.	9	er noture of injury in Part 1 or Port 2	?, Item 18.}
	While Nat while at work		CTORY) 21f LOCATION Street at R.F.D. No		County State
	22o. I certify that (I) (the saw the deceased consessing causes stated obove	is hospital) attended the deceas live on 4 2 8 e, (I) (we) (did) (did nat) view the	ed fram, 19 19 <, and that in (my) (our) op bady after death.		
1	22b. SIGNATURE	Chang has	DEGREE PHYS 22e, ADDRESS	MED. STAFF C 22	C DATE SIGNED
	NAME (Type)	. / J. CHANG	mo 80/C	in they SE,	Cla Browne 1216
	BUY Specify) I		Mem Church Yar		(County) (State) Md
	24. funeral director 1. L. Brown&Son	-IO8-W. Montgom	ery St DATE	BY REGISTRAR 1968 REGISTRAR	es signature

MAKTLAND STATE DEPAKTMENT OF HEALTH

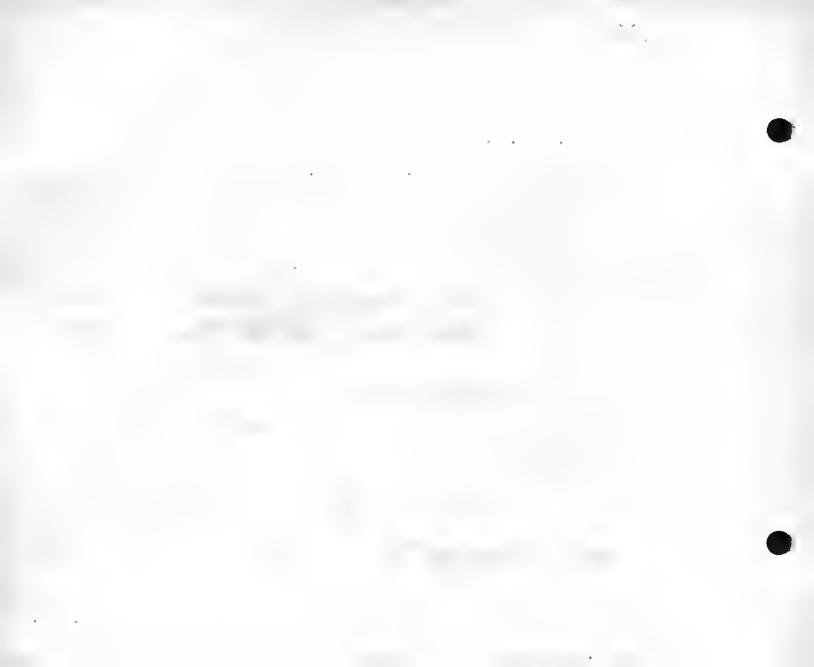


مستليس	1	I t	em 15 Film 4					IH E, MARYLAND 21201	1 4 4 2 4 4	ing
ħ.	•		12407		CE	RTIFICATE OF	DEATH		1 < + 1	1
death.	uneral 1 and 2 2 death.		ECEASED NAME F Type or print) Firance	irst 📴 Hlyr,	Middle	Last	20.	DATE OF DEATH Month Sept 3	Day Year 1968	2b. HOUR
-BI	The state of the s	3. S	X	4 RACE		S. DATE OF BI	IRTH	6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
s of	E		Female	White		5-2	24-96	lost birthdoy)		HODES WITH
24 havrs after death	\$ 5 E	7a. c o u	BIRTHPLACE (State or foreign nitry) Mary Land	75 OTIZEN OF WHAT O		MARRIED X NEVER MAR	KILD	nty of DEATH nne Amundel		M
ithin 2	within 7	1	CITY OR TOWN OF DEATH	11 NAME	t address)	UTION (If not in hospital	12a USUAL OCCU	PATION (Kind of work do vorking life, even if retires	ne 125 KIND OF INDUSTRY	BUSINESS OR
wet	& b =	13a	CIEN Burnie USUAL RESIDENCE (Where desission) STATE	reased lived, if institution 13b. COUNTY	rth Arunde Residence before 13	CITY OR TOWN	13d INSIDE CITY LIMITS? YES NO [-]	13e. STREET AND NUMBER	. 17 8	
nax	nave	1.4	Mary Is FATHER'S NAME First	Middle A	A. Last	Pasadena	AIDEN NAME First	Rt. 11 BO3		Last
be e.	n and se ren d jn a	14.	TATIER S HAILE 1951	widnis	[03]	15. (10) 110 2 10	MIDEN HAME 1421	Imagie		LUSI
PHYSICIAN: The law requires that the death certificate be executed	physician. signed by the attending physician and campl bur al-transit permit. Then please remave c. burial, crematian, ar remaval, and in any ever		. WAS DECEASED EVER IN U.S. (es, no, or unknown) (1 ^F yes s	ARMED FORCES? 16b	o. SOCIAL SECURITY NO.	17, INFORMANT		Address		
certi	g ph Then nav		18. CAUSE OF DEATH (Enter	anly one couse per line fo	or (a) (B) and (c))		4-1173		APPROXI	MATE INTERVAL DISET AND DEATH
t t	ndin it. T		PART I. DEATH WAS CA	USED BY: EDIATE CAUSE (a)	Canci	morna	toris		BC 1 HIZER C	MOET AND DEATH
e de	afte Serm an, a		157.0	DUE TO, OR AS A		a -4-	: 6-7 1			
±	sit production		Canditions, if any, which go rise to immediate cause (:	ve) (b)	Ins	Coulen	Tron			
투	by tran tren		stating the underlying cau	SO DUE TO, OR AS A						
lires	nysici med ral- rial,		lost	\-/				ne pancreas	MITU	
requ	a bu		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	IO DEATH BUT NOT	metastases	to the	(L) lung.		
<u>MD</u>	tal or attending lighted has been start use as the the Health prior to the	CERTIFICATION	190. DATE OF OPERATION	9b. CONDITION FOR WHICH (OPERATION WAS PERFO	DRMED 20a. AUTO	PSY?	20b. IF YES, WERE FINDING	GS CONSIDERED IN C	ERTIFYING
<u>Pe</u>	atte has se a th pr	/ [월				YES 🔀	NO 🗆	CAUSES OF DEATH?		
ä	or ate		21a. ACCIDENT WAS UNDER			21c HOW INJURY OCC	CURRED (Enter noture	of injury is Part 1 or Part	2, Item 18)	
20	音音楽字	MEDICAL	or contributing Cause of the either, notify medical ex	ominer) P.M.	lanth Day Year 19					
H.	by the hospital or attending physician. Ifter this certificate has been signed by be detached far use as the bur al-trai State Dept. af Health priar ta burial, cre	2	21d INJURY OCCURRED While Not while	210. PLACE OF INJURY (AT I	HOME, FARM, STREET, FACTOR ICE BUILDING, ETC	Y.) 21f LOCATION Stree	et or R F,D. Na.	City or Town	County	State
9	the second		220. I certify that (I)	(shie bacaital) attand	ad the decement	fram. 8/2	6.1960	10 9/5	19 60 , that	(II) frum la
	Afte Afte d be s Sto		saw the decease	dive on	7/219_	LS, and that in (m		death occurred on the	dote ond hour	ond from th
A É	O. C.			ove (I) (we) (did) (dir	hot) view the bo	dy after death				
OR ATTENDING	oe reto IIRECT e 3 sh ed with		22b. SIGNATURE	1. de Gr	17mas	DEGREE PHYS	NG MED DIRECTOR	STAFF	224. DATE SIGNED	8
TO HOSPITAL OR ATTEND	Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be defached far use as the shauld be filed with the State Dept. af Health priar to		22d. PHYSICIAN'S NAME (Type)	A. de (SUZAM.	ANMA 220 ADD	LEN B	HOSPITA	Hod. of	4061
HOS	ge 4 FUN recto	23a		3b DATE		METERY OR CREMATORY		cOCATION (City or Town)	(County)	(State)
10	5 5 p x	_		9-7-68		Park Cemete		Baltimore,		
	VR AT		FUNERAL DIRECTOR	hand /107 I	ADDRESS	re. 21229	250 RECD BY REGI		AR'S SIGNATURE	
	30M REV MER	,	Howard H. Hub	baru, 410/ \	ATTKELLS W	C. Z1227	DATE SEP	9 1968 200	carles Ju	dee



1		12408	DIVISION OF V		301 W. PRESTON STR		E, MARYLAND 21201	124	1 0
					ERTIFICATE OF I			14/1	1 ()
북 수 <u>유</u> 북		CEASED NAME First		Middle	Last	20.	DATE OF OEATH Month	Day Year	2b HOUR
deoth. nero! and 2 deoth.		CMI	na	_5	tarme	4		Day Year.	13 A M
ter full fter	3 SE	1	4. RACE		S. DATE OF BIR	TH	6 AGE (In years last birt! day)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MAN
urs after deoth the funerol Rages 1 and 3	_	Female	W		11-11-	L1	5.6 Y		
anon and anone	COLUM	IRTHPLACE (State or foreign	76. CITIZEN OF WHAT	COUNTRY?	8. Married 🔀 Never Marr	LED LA CO	UNITY OF DEATH	1	
A	Di	altimore, Ma.	U.S.		WIDOWED DIVORG		one Heunde		Md
ri il al	10 0	ITY OR TOWN OF DEATH	111. NAM	E OF HOSPITAL OR INS let address) N O.	TITUTION (If not in hospital	Iduring mast of	UPATION (Kind of work dor working life_even if retired	10 12b KIND OF	BUSINESS OR
with with with with with	10	en Burnic		No.	Arundel Gen.		warking life, even if retired		
The law requires that the death certificate be executed within 24 hours after death, ottending physician. In the function of completely filled by the function of seasons the barial-transit permit. Then please remove serving pages I and 2 the prior to burial, cremotion, or removal, and in any event, within 22 bours after death.	0dm	USUAL RESIDENCE (Where deceos ssion) STATE	ed lived, it institut on		at the same of the	3d INSIDE CITY LIMITS? YES NO X	Rt 2 Box	403, Pay	side each
ond can remove	14	ATHER S NAME First	Middle	Lost	IS. MOTHER'S MA		Middle		Last
ote be exercion and a lease remo		Pat		Hindle		ι	ınknown		
tote Sicio		WAS DECEASED EVER IN U.S. ARA es, na, ar unknown) [#/yes give w	NED FORCES? [1]	56 SOCIAL SECURITY I		-	Address		
equires that the death certificate be exceptysicion. signed by the attending physician and to be arial-transit permit. Then please remit burial, cremation, or removal, and in any		No			Alfred J	. Farmer	Sr., same		
he death ce attending ; permit. The		18 CAUSE OF DEATH (Enter on	y one couse per line	(a), (b), and (c)	4	01	1-	BETWEEN	IMATE INTERVAL BINSET AND DEATH
eath mit.		PART 1. DEATH WAS CAUSED IMMEDIA	TE CAUSE (a)	Culy 1	in O Castina	rees	MAIN	46	any
ath peri		4109	DUE TO, OR AS	A CONSEQUENCE OF	1 1/1	01	A1 .	ida	
the the mot		Conditions, if any, which gove trise to immediate cause (a),	(b) 2	1 182107	ULIVIA DIE	M HO	Phu	Jek	<u>n · </u>
by tror	ı	stating the underlying cause	DUE TO, OR AS	A CONSEQUENCE OF					
equires that the physicion. signed by the barial-transit burial, cremati		last.	(1)	LO TO DEATH DUE AN	T OF STO TO THE TERMINA	DICCACE OD COMDIT	ION CHES IN CASE II		
The law requires the ottending physicion. has been signed by se os the barrial-tro. In prior to burial, cre.	×	PART 2 OTHER SIGNIFICANT CON	Diale	The low will be the last of th	Militan_	DIZEASE OKTORDIE	ION GIVEN IN PART I(0)		
AN: The law re ol or ottending icate has been for use as the Health prior to	CERTIFICATION	19a DATE OF OPERATION 19b.	CONDIT ON FOR WHICH	OPERATION WAS PE	REFORMED 200 AUTOF		20b IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN C	ERTIFYING
The rott of the bar of	RTE				YES	NO PO			
AN: ol ol icate for u		210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAJSE OF DEAT	HOUR A.M.	NJURY Month Day Year	21c. HOW INJURY OCCU	JRRED (Enter natu	re of injury in Part 1 or Part	2, Item 18.)	
SICE Partification of the control of	MEDICAL	(If either, notify medical exomit	ner) P.M.	. 19					
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	N	at work at work			TORY, 21F LOCATION Street		City or Town	County	State
TENDING ined by the OR: After ould be d the Stote		22a I certify that (I) (the saw the deceased a	is haspital) atten	ded the decease	d fram _5/3	. 19.4	ta_5	19 <u>64-</u> , that	(1) (we) last
END ned N: A uld the		saw the deceased a causes stated abave	live on	id not) view the	y <u>& & -</u> and that in (my	r) (aur) apinian	death accurred an the	date and hour	and from the
OR ATTENDIN be retoined by JIRECTOR: Affer e 3 should be ed with the Sto		22b. SIGNATURE	-7	ta nati vieti ine	. 4	1	2	2c DATE S GNED	
OR be re		Dilar	1/Mas	UK 1	DEGREE PHYS	MED DIRECTO	OR STAFF	3-5-	s-f-
AL Day to be filled by filled		22d PHYSIC ANS			22e. ADDR	RESS			
O HOSPITAL Page 4 may O FUNERAL I director, pog should be fil		NAME (Type)							
HOS Gge 2 FUN recta	23a	BUR AL, (REMATION, 23b			CEMETERY OR CREMATORY		LOCATION (City or Town)	(County)	(State)
5 5 5 2 X			-6-1968		Hill Cemete		tchie Hgwy.,		Md.
VR A15 (4)		FUNERAL DIRECTOR George J. Gonga	loor no	ADDRESS		SFP 9	1968 2Sb. REGISTRA	IR 5 SIGNATURE	et.
30M REV. 1/88		Jenree J. Gonce	a . /(00) ! (d)	Tichie Her	TV. Ealtamor	ener J	1000 15	, C V X - Z	

MAKTLAND STATE DEPARTMENT OF HEALTH



- 1 1			DIVISION OF	MARYLAN VITAL RECORDS,		ARTMENT OF I		AND 21201		
'		12409	DIVISION OF			OF DEATH	more, marie	AND 21201	124	9
		CEASED-NAME GUS T	ave	Middle	Fau	bert	20. DATE OF DEA	TH Month 10 Doy	68 Yeor	2b, HOUR
l	3 SE	^X Male	4 RACE Wh	ite	S. D.	TE OF BIRTH -31-98	6	AGE (n yeors osylumbdoy) 70 yrs.	F UNDER 1 YEAR MONTHS DAYS	1F UNDER 24 HRS HOURS MIN
ĺ	70 E	IRTHP.ACE (State or foreign IN) nada	76 CITIZEN OF W		8. MARRIED NE	DIVORCED [0.		Md.
	Ğf	ity or town of death en Burnie	\$₩€	AME OF HOSPITAL OR INS	TITUTION (If not in h	ospital 120 USU pitaliuring di	on a section of the	d of work done	126, KIND OF EMOUSTRY	BUSINESS OR
	13q od a M	LSJAL RESIDENCE (Where deced	rsed lived, if institu 13b COUNTYA	on Residence before	Glen E	LATE THE STATE OF THE LEGISTRES OF THE L	13º STREET 605	AND NUMBER Oakwoo	d Rd.	
I	14 F	ATHER S NAME First	Middle	Lost	IS. MOT	HERS MAIDEN NAME	rst	Middle		Los†
١		JOSEPH	-	FAUBER:		UGE (INE	?		BRUNE	LLE
1	160. Y		MED_FOR(ES? war or dates of service)	16b SOCIAL SECURITY N			Dankan	Address	1 h a	
1		No.		217-38-0		atherine	rauber	. AS	Above	MATE INTERVAL
١		18. CAUSE OF DEATH (Enter of PART J. DEATH WAS CAUS	FD BY:						BETWEEN O	NSET AND DEATH
1		IMMED	IATE CAUSE (o)		almia	4			(10	ays_
		Conditions, if any, which gove		AS A CONSTOUENCE OF	7	Mest			1.1.016	
1		rise to immediate cause (a),	(b)	AS A CONSEQUENCE OF	sun /	peurus			24 400	
1		stoting the underlying couse	(c)	A CONSEQUENCE OF	,					
ı		PART 2 OTHER SIGNIFICANT CO	NOTIONS CONTRIBL	ITING TO DEATH BUT NO	OT RELATED TO THE	TERMINAL DISEASE ORG	CONDITION GIVEN IN	PART 1(o)		
l	****		april	misel	arte	vionilen	ma-	(-7		
ı	ATION	196. DATE OF OPERATION 195	CONDITION FOR WI	HICH OPERATION WAS PE	RFORMED 2	Oo. AUTOPSY?		WERE FINDINGS (ONSIDERED IN C	RTIFYING
	CERTIFICATION					YES NO	P CAUSES OF	DEATH?		
		210 ACCIDENT WAS UNDERLY			21∠ HOW IN	JURY OCCURRED (Ente	r nature of injury in	Port 1 or Port 2,	Item 18.)	
	MEDICAL	or contributing cause of the fif either, notify medical exam	iner) P.M.	Month Doy Yeor						
	ME	21d INJURY OCCURRED 21d While Not while	PLACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f LOCATIO	N Street or R F.D. No	City or 1	own	County	Stote
		at work of work	h h	and the design	d f	10.4	(- 10 A	5 / Ø 10	1 E alama	M. frank took
		22a. I certify that (I) (t saw the deceased couses stated above	nis naspitai) att alive an	enged the decease	9 F. and the	ot in (my) (our) on	ے برام nion death acci	irred on the de	ote and hour	(i) (we) last and from the
1		couses stated abov	e, (I) (we) (did)	(did not) view the	body ofter deatl)		www. wittio W		
		22b. SIGNATURE	Dorth	1.1.		ATTENDING	WED \$1	AFF - 22c	DATE SIGNED	16
ı		XIIIa	MAN	(news)	DEGREE	PHYS.	DIRECTOR P	AFF D 9	-10-	65
		22d. PHYSICIAN'S NAME (Type)		01/21/1		22e. ADDRÉSS	en Burni	o Md		
		HALL		O'Herlihy					(C)	(((4-4-)
	230	DEMOUAL (Caracifa)	DATE		CEMETERY OR CREM		GION F	Burnie,	(County) Md	(State)
		FUNERAL DIRECTOR	/13/68	ADDRESS	naven C	emetery 250 RECOR	BY REGISTRAR	2Sb REGISTRAR		
		Raymond C. F	ink 0	Glen Burn	ie, Md.	DATESEF			rles Jus	ye.



							EPARIMENI U				
11	1		12410	DIVISION	OF VITAL RECORDS				ARYLAND 21201	1212	0
To the Common Co						CERTIFICA	TE OF DEAT	ļ		14 54	U
leoth.	South.		CEASED-NAME (pe or print)	lst. AM	CLARK	/-	-LYNN	2o. DATE (44 4	over - Aear S	2b. HOUR
within 24 hours after deoth		3. SE	Male	4 RACE	lite.	S	DATE OF BIRTH	03	6. AGE (In years lost birthdoy)	MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN
hours	n by rs. Po hours	7a. B	IRTHPLACE (Stote or fore gn	76 CITIZEN OF	F WHAT COUNTRY?	8. MARRIED X	NEVER MARRIED DIVORCED	9. COUNTY O		2	
24	led oope in 72	10 6	TY OR TOWN OF DEATH		NAME OF HOSPITATION I			USUAL OCCUPATIO	N, (Kind of work dogs	e 12b K ND OF I	Md BUSINESS OR
within	rbon prithing	4	lan Bur	uel 9	give etree address	Grins	lel durin	g most of worth	flife, even Town	T INDUSTRY	Dert
Execute 1	omplete ove cort		JSUA. RESIDENCE (Where decision) STATE	13b COUNT		13c, CITY OR T	OWN 13d NISIDE O	NO SO 136	TREET AND NUMBER	5 59	6
	ician and co lease remor	14. F	ATHER'S NAME First	7 Midd	e Jost	IS.	MOTHER S MAIDEN NAM	AE First	Middle	de	Lost
OR ATTENDING PHYSICIAN: The low requires that the death certificate be	physician and completely filled in by en please remove corban papers. Poval, and in any event, within 72 hour	Ióo. Y	WAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECURIT	Y NO. 17 NF	GRMANT L	J.	Address	- al	our.
cert	un. by the ottending physi tronsit permit. Then pl cremotion, or removal,		18 AUSE OF DEATH (Enter	only one couse p	er line for (o), (b), and (().)	0,			APPROXIA BETWEEN OF	AATE INTERVAL NSET AND OEATH
eath	andir nit. or re	Ш	PART I. DEATH WAS CAL	JSED BY. EDIATE CAUSE (a) _	Coronar	1 Intai	exion			1/2	hour
Je d	perr ion,	Н	4109		OR AS A CONSEQUENCE C	F				ļ	
to T	r the	Ш	Conditions, if only, which go rise to immediate couse (c), ((b)_	OD AS A CONSEQUENCE C						
# 55	prystum. signed by the ottending burial-tronsit permit. Th burial, cremotion, or rem		stating the underlying coulost.	se (c)	OR AS A CONSEQUENCE C	lr					
quire	signed burial-t burial,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTI			THE TERMINAL DISEASE	ORCONDITION GIV	'EN IN PART 1(o)		
ē <u>.</u>	to the training	*	4 1		-	None					
The lov	roge 4 may be retained by the hospital of biterioring priysticum. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-train should be filed with the State Dept. of Health prior to burial, and	CERTIFICATION	190. DATE OF OPERATION	9b. CONDITION FOR	WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY? YES \ NO		IF YES, WERE FINDING: ES OF DEATH?	S CONSIDERED IN CE	RTIFYING
ä	in or		210 ACCIDENT WAS UNDERL		AE OF INJURY A.M. Month Day Yes		Y INJURY OCCURRED (Enter noture of in	ury in Port 1 or Port	2, Item 18.}	
SICU	spiro entifi ed f ed f	MEDICAL	(If either, notify medical exc	ominer) P	M	19	17:01 St. 1 B.50	11			£1-1-
PHY	by the hospital three three three certifications of the detached Stote Dept. of		While Not while of work	Tie. PLACE OF INJU	OFFICE BUILDING, ETC.	/	ATION Street or R.F.D		y or Town	County	Stote
N A	Affrer be Stot		22a. I certify that-(#)	(this haspital)	ottended the deced	sed from 7	that in (my) (e)	opinion death		19 <u>44</u> , that	(I) (we) last
TEN	CTOR: After should be ith the Stor		couses stated abo	ove, (I) (we) (d	lid) (did no) view th	e body ofter de	eath.	opinian dean	accorred on the	date ond flour	Alla Hom the
OR AT	RAL DIRECTOR: After 7, page 3 should be be filed with the Stol		22b. SIGNATURE	The D.	Then	M.L) DEGREE	7 71 7 40 1	MED DIRECTOR	STAFF PHYS. 22	P-26-6	8
	O FUNERAL D director, pog should be file		22d PHYSICIAN'S NAME (Type)	Lp J.	Elina K	7.0.	220. ADDRESS	Chase o	St. 212	e 7	
HOSI	FUNER director, should b	230	BURTAL, CREMATION, 23	Ib. DATE	23c NAME C	F CEMETERY OF C	REMATORY 17 A	23d. LOCAT	TON Killy or Town	2 thousing	(Stote)
200	5 5 5 5	-	700-00	9-77-	to Ru	Talk	edial (111.	salle li	9//18	, , , ,
	VR A13 (A)	24	FUNERAL DIRECTOR	Sand	ADDRE	77		D BY REGISTRAR	1968 ACC	R 3 SIGNATURE	· · · · · ·
	The same of	1	well of	June	La-C/		DATE	SEP 30	1000	MAN CAN	44



12411	MAKTLAND DIVISION OF VITAL RECORDS, 3	OTATE DEPARTMENT OF T		12121
	CI	ERTIFICATE OF DEATH		1 4- 2 4- 2
1 DECEASED NAME First (Type or print) Hazel	G. (Simpson)	Lost FUHRMAN	September 22, Day	1988 8:23 M
3 SEX Female	4 RACE White	S DATE OF BIRTH 11-9-99	6 AGE (n years last butteday) YRS.	IF UNDER 1 YEAR IF JINDER 24 HRS. MONTHS DAYS HOURS ANN
70 BIRTHPLACE (State or foreign country) Pennsylvania	b. CITIZEN OF WHAT COUNTRY? United States	MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Anne Arundel	County Md
Annapolis	II NAME OF HOSPITAL OR INSTI give street oddress) Anne	TUTION (If not in hospital 12a USU: Arundel General m	AL OCCUPATION (Kind of work done ast of working life, even if retired)	126. KIND OF BUSINESS OR PINDLSTRY
13a, USJA: RESIDENCE (Where deceased admission) STATE Maryland	13b. COUNTY Anne Arunde	1 Alliold	RFD #2, Box	- //
14. FATHER'S NAME FIRST COLOR	Middle Lest D FORCES? 1166 SOCIAL/SECURITY NO	15. MOTHER'S MAIDEN NAME (le B	les lost
100		- Thul E	Fisherme	APPROXIMATE INTERVA.
Candit ans, if any, which gave inse to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	SC/EROTIC HE	THET DISPASE	STYPHOURS SYPHOURS
8 45/X	ITIONS CONTRIBUTING TO DEATH BUT NOT DIDITION FOR WHICH OPERATION WAS PERF		206. IF YES, WERE FINDINGS CO	
G CAUSE OF DEATH CIf either, notify medical examine	HOUR A.M. Manth Day Year P.M. 19		ir nature of injury in Part 1 or Part 2, I	<u> </u>
While Not while of wark	LACE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.			Caunty State
sow the deceosed oliv	hospital) attended the deceased on 22 FPT 19 (we) (did) (did not) view the ba	ond that in (my) (our) oping ofter death.		te ond hour ond from the
220 SIGNATURE SULAR	d Steel	22e. ADDRESS	MED STAFF PHYS. D	DATE SIGNED / 8 c
NAME (Type) Edwa 230 (RAL (REMATION Z3b. DA	rd S. Beck	METERY OR CREMATORY	Franklin Street, 23d to(Anion (City of Jown)	Annapolis, Md
24 FUNTRAL DIRECTOR	podress enunco sculi	1//	BY REGISTRAR 256 REGISTRAN S EP 2 5 1968 KCL	SIGNATURE and Yunga.





7 1	1		EPARTMENT OF HEALTH STON STREET, BALTIMORE, MARYLAND 21201	12123			
FOR STATE	Ιt	m#3, FilmG',05 10/MEDICAL EXAMINER'S					
HEALTH DERT.			Lost 20 DATE KNOWN Month	Day Year 2b HOUR			
≈ ₽ (F V (F V (1	NORMAN	GOODWIN OF ESTI X 9-2				
and	3 5	Sast hirthdo	redrs IF UNDER 1 YEAR IF UNDER 24 HRS 20 DATE PRONOUNCED DEAD Day Months Days Hours M.N Month Day	2d HOUR			
any del 2, and n PM3.			YRS September 22	Year 19 68 9:08			
0 a - E			MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED ANALYS A DIVANDET	AIN			
feath Jany Pages 1, 2, a with farm PN e State Depart	10. (Y OR TOWN OF DEATH 11 NAME OF HOSP/TAL OR INSTITU	JTHON (If not in hasp to) 12g, USUAL OCCUPATION (Kind of work done	Md. 126 KIND OF BUSINESS OR			
(1)		Sandy Point State Park - Ches	during most of working life, even if retired.)	INDUSTRY			
after de Grand de Gra	13a	SUAL RESIDENCE (Where deceased I ved, finishtution Residence before 13c	CITY OR TOWN 13d. HISIDE CITY LIM. TS? 13e STREET AND NUMBER				
death death	0	n ssion) STATE New York 3b. COUNTY Me	anhatten YES NO 0 65 W 130th	Street			
I haurs Office I and Z			15. MOTHER'S MAIDEN NAME First Middle	Lost			
24 in lin lin lin lin lin lin lin lin lin l			Lauzetta Thompson				
w thin 24 haurs of pencil in Item 18 xaminer's Office of ite plant in pages 1 and 72 hours after dec		s, no, or unknown) (If yes give war or dates of service)	Alberta Goodwin-65-W-I30-5	St-NVC			
should be executed with word "pending" in perite the Chief Medical Exagural-transit permit. File in any event within 72		SEX 4 RACE S DATE OF BIRTH S AGE [In years FLABOR Date of Birth S DATE OF BIRTH S DATE OF BIRTH S DATE OF BIRTH STATE DATE OF BIRTH STATE DATE OF BIRTH STATE DATE OF BIRTH DATE OF HOSPITAL OR INSTITUTION (If not in his give street oddress) NEVER DATE OF DATE DATE OF DATE OF DATE DATE OF DATE OF DATE OF DATE DATE OF DATE	Alberta Goodwin-oy-w-ljo-k	APPROXIMATE INTERVAL			
be executed "pending" in rief Medical E nsit permit. F event within		PART I. DEATH WAS CAUSED BY	Drowning	BETWEEN ONSET AND DEATH			
exection and in Med		```					
the frief ansi		rise to immediate cause (a) (b)					
should be e ne word "per a the Chief I burial-transit I in any ever		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF					
she v ta tl buri		(t)					
INER: This certificate should be executed within 24 e certificate, writing the word "pending" in pencil in should be farwarded to the Chief Medical Examiner's files. 3 should be used as a burial-transit permit. File pages nation, or removal, and in any event within 72 hours		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)					
warritii warritii warritii warritii aval	VIION	190 DATE OF OPERATION 19b. CONDITION FOR WHICH	OPERATION	20. AUTOPSY?			
this certifiate, writing forwar.	TIFIC	WAS PERFORMED?		YES K NO			
KAMINER: The te the certifica pe 4 shauld be your files. age 3 shauld be cremation, ar	It CER	PRIMARY TO OR CONTRIBUTING THOURS NAX	21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, I				
EXAMINER: Ti tute the certifice age 4 should bu r your files. Page 3 shauld I crematian, ar	MEDICAL	CAUSE OF DEATH 4:30 P.M. 3-21 1900	Last seen swimming in Bay (pres				
医	2	WHILE NOT WILLE FOCUS OF INJURY (AT hame, farm, street, focus, office building, etc.)		Arundel Md.			
				J			
please e director retained DIRECT or to bu		000	CHIEF MEDICAL EXAMINER				
ITY, please eral direction be retain RAL DIRE		ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER X 226. DATE				
Cessary, Fe funeral may be r FUNERAL colfb prid		EXAMINER'S Charles S. Springate, M.D.		mber 22, 1968			
TO DEPUTY BICA necessary, please extremed director. S may be retained TO FUNERAL DIRECT Health prior to but	220	NAME (Type) BURIAL CREMATION 23b DATE 23c NAME OF CEME	ADDRESS(Street, city, town, or county) TERY OR CREMATORY 23d LOCATION (City or Town)	(form)			
2	5	BONIAL (Kremituh PEMOVAL (Specify) Pmoval 9-24-68 Fred-Dou		(Caunty) (State)			
		UNERAL DIRECTOR. ADDRESS		S. GNW_RE			
VR A15ME (5) 10M REV 1/68	1	Jaian Bunnifun minta	mery 86 SEP 2 7 1968 June	and and			

1			STATE DEPARTMENT OF		12424	
		LTIMORE, MARYLAND 21201	12421			
	12414		RTIFICATE OF DEATH	•		
	DECEASED NAME First (Type or print)	Arthur	Lost	20 DATE OF DEATH Month Dg	Y Year 2b HOURD	
	James	AFCHAR!	HALL	September 11	1968 7:45	
3	Male	4. RACE	5. DATE OF BIRTH	6 AGE (in years lost highdoy) 7RS	HE UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS M.H.	
_		Negro 75 CITIZEN OF WHAT COUNTRY? 8	June 18, 1	9 COUNTY OF DEATH		
(8)	untry)		MARRIED NEVER MARR ED DIVORCED DIVORCED	Anne Arundel		
t D	CITY OR TOWN OF DEATH	TI S A VIII NAME OF HOSPITAL OR INSTITU		SUAL OCCUPATION (Kind of work done	Md 12b KIND OF BUSINESS OR	
		give street address)	Idurina	most of working life, even if retired.)	INDUSTRY C1 ty	
130	USUAL RESIDENCE (Where decease)	Anne Arunde	CITY OR TOWN 13d PASIDE CI	Trum TS? 13e STREET AND NUMBER	OTEA	
odi	nission) STATE	13k COUNTY		NO 5 Colenia	7 Avra	
14.	FATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN NAMI		Lost	
	Fred	NMN Hall	Marv	Virginia	Forrester	
16	D. WAS DECEASED EVER IN U.S. ARME		17. INFORMANT	Address	1 12 13 12 13	
	Yes, no, or unknown) (If yes give were		251 Consine H	all 5 Colonial	Ave Anne Md	
	18. CAUSE OF DEATH (Enter only				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	PART I DEATH WAS CAUSED IMMEDIAT	one cause per line for (c), (b), and (c).) BY: E CAUSE (a) Hypaten Siun,	certice brown			
	1/00	DUE TO, OR AS A CONSEQUENCE OF				
	Conditions, if ony, which gove) rise to immediate couse (o),	(b) Acres my 60	olid interes			
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	certici wood			
П	DADE OF OTHER SIGNASSIANT CONT	(C)	PELATEN FO FUE PERMILIES BACCACE (AS CONDITION OF THE PART AT A		
П		DITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE C	OKCONDITION GIVEN IN PART 1(6)		
NO	190. DATE OF OPERATION 196. CO	ONDITION FOR WHICH OPERATION WAS PERFO	RMED 20o, AUTOPSY?	20b. IF YES, WERE FINDINGS O	CONSIDERED IN CERTIFYING	
CFRTIFICAT	TO, DATE OF OTERANON	oussilder to distribute many res o		CAUSES OF DEATH?	TOTO TO CENTER (BYC	
		216 TIME OF INJURY		nter nature of injury in Part 1 or Part 2,	Item 18.)	
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M Month Doy Yeor P.M. 19				
MEL	21d INJURY OCCURRED 21e. F	PLACE OF INJURY (AT HOME, FARM, STREET, FACTOR'	21f. LOCATION Street or R.F.D.	No. City or Town	County State	
	111.10					
	22a I certify that (I) (this	haspital) ottended the deceased	from. 7/11, 19	, to <u>47///</u> , 19	, that (I) (we) lost	
	saw the deceased all	haspital) ottended the deceased ve an19 (I) (we) (did) (did not) view the bac	and that in (my) (aur) (opinion death occurred on the de	ote and hour and from the	
	22b SIGNATURE	(1) (we) (ala) (ala noi) view ille bai			DATE SIGNED	
	Rest O Rue DEGREE PHYS DIRECTOR DIPHYS D 9/12/68					
	22d PHYSICIAN'S		22e ADDRESS			
	NAME (Type) Robe:	rt O. Biern, M.D.		edral St., Annapol	is, Md.	
23	BUR AL, CREMATION, 23b. DA		ETERY OR CREMATORY	23d. LOCAT ON (City or Town)	(County) (State)	
31		14-68 Pine L		Annapelis	A.A. Ma	
24	FUNERAL DIRECTOR	ADDRESS	2So REC	P 1 6 1968 REGISTRARS	SIGNATURE SANGER.	
	C.F. Hicks. 17	11 Annapalis, Md	DATE	LIO 1900 France	which have	



	1	MARTLAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		12419 CERTIFICATE OF DEATH
÷ 20 ±		ECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
7 to 1	(1	(ype or print) -JACQUES R. HAMMOND Month 25 Years AM
5 7 5 5	3. SE	X ARCE S. DATE OF BIRTH 6 AGE (In years I F UNDER 1 YEAR I IF UNDER 24 HPS.
aft the s of		M 1-5-1906 lost birthday) YRS. MONTH'S DAY'S HOUR'S MIN
by Pour		BIRTHPLACE (Stole or foreign 7b CHIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
ithin 24 hours after y filled in by the upon papers. Pages livithin 72 hours ofter	נסטו	M. YOEK U.S. A WIDOWED DIVORCED HOUSEL Md
illec pag hin	10 (ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 JSUAL OCCUPATION (Kind of work done during most of working life, even if retired) 1NDUSTRY
with with	5	THEGALETS MACEY NURSING HOME EDUCATION TROTO
and the state of t		USJAL RESIDENCE (Where deceased lived, if inst typin 30 dence before 13c GTY OR TOWN 136 INSIDENTEY 138 STREET AND NUMBER
s complement of the complement	OGIN	11. 17. HUNDAJOLIS IZ DIADAPSON SI
o de de	14	FATHER'S NAME First Middle Last S. MOTHER'S MAIDEN NAME First Middle Last
be hour din din		E. WALDEN HAMMOND
on on one		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no. of unknown) (f yes give war or do as of service) 16b. SOCIAL SECURITY NO. 17, INFORMANT
phy supply		LOUISE N. HAMMOND TO SAPPROXIMATE INTERVAL
The The		18. CAUSE OF DEATH (Enter only one couse per light for (o), (b), and (c), (c), and (c), (d), (e), and death
eoff mit.	П	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) LOCATOR Hrophy Albeituais his 3 years
afte d		DUE TO, OR AS A CONSEQUENCE OF
the sit moti		Conditions, if any, which gave this is a second of the course (a), (b)
tha an. by tron		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
ysici ysici ned nol- iol,		lost. (c)
sign phy		PART 2 OTHER SIGNIFICAND CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ding deen the	8	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
e to tend	2	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO CAUSES OF DEATH?
L se produce to the second sec	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
AN al al al al far far Hear		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year
SIC spit errii ned t. of	MEDICAL	(If either, natify medical examiner) P.M. 19 21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No City of Town County State
PHY e ho nis o tact		White - Not while - OFFICE BURDING, ELC.
de d		of work of work
Aft be St		saw the deceased glive on
OR: outle		Causes stated above, (1) (we) (did not) view the body after death.
with Section 1	1	22b SIGNATURE ATTENDING ATTENDING STAFF 122 DATE SIGNED 68
DIR be 3e 3	1	DEGREE PHYS. LI DIRECTOR LI PHYS. LI 7-23-00-
TAI AL Poor		22d. PHYSICIAN STORM PARE (Type) Pat FVEDUCALLY 22e. ADDRESS
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours of		THE PROPERTY OF THE PROPERTY O
P HC	9	SUBJUNA (REMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATION (CITY OF TOWN) (COUNTY) (STOTE) 1 ON THE PROPERTY OF CEMETERY OF CEMETER OF CEMETERY OF
5 5 0	24	FINEPA DIRECTOR / ADDRESS
VR A15 A41	\$	The M. Ja for April Churchal Md. DATE SEP 2 6 1968 golianles ange
// //	K	Marie Modia Monda Character and Marie Mari



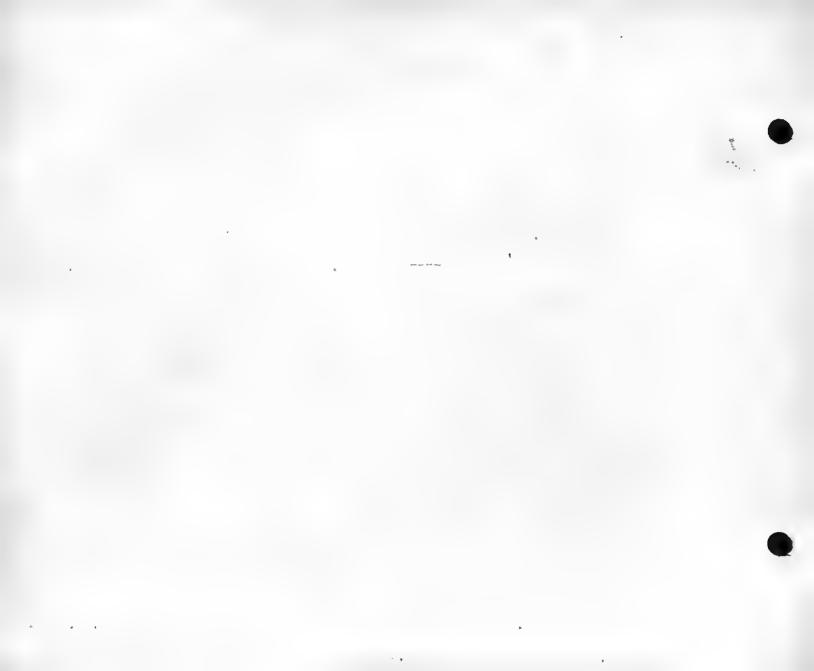
	1				DIVISION OF VITAL PECOPOS		BALTIMORE, MARYLAND 21201	44.44.7
				12416		CERTIFICATE OF DEA		17.126
the second second	E PRA			CEASED NAME First	* Middle	Lost	2a. DATE OF DEATH	2b. HOUR
	to the state of th		(1	(pe or print)	9 A	HERRIA	Month Doy	Y Yeor O SOM
	5 5 -		3. SE		4. RACE	S DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	the oges	Ď.		F	111	7-2-	last birthday)	MONTHS DAYS HOURS MEN.
	nours of the s. Poge hours of		7n 6	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		7 7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			cour		7100	B. MARRIED NEVER MARRIED DIVORCED DIVORCED	1 1 1	/
	Ped Pin Z		10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN		Ra USUAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
10 + 66	d within 24 etely fulled i	10	1	1. 1.	g ve street oddress)	A. G. du	uring most of working life, even if retired.)	INDUSTRY
	\$ 5		13o.	JSUAL RESIDENCE (Where deceo	psed lived, if institution, Residence before	13c CITY OR TOWN 13d INS	SIDE CITY LIMITS? 130 STREET AND NUMBER	ARNOLD.
•	ute eve	~	odm:	ision) STATE	HODE Houndal	APAGEA : YES		7 m.l
	execu f d con mov	ii a	14 F	ATHER S NAME First	Middle Lost	IS MOTHER'S MAIDEN	NAME Firsts / Middle	Lost
	be ex ond e rem			H- M	Marshall McLear		/! /V	
	orte		160	WAS DECEASED EVER IN U.S. AR			. // / Address /	736 Redwood Ave
	requires that the death certificate be g physician. I signed by the attending physician or buriol-transit permit. Then please rebuiol, cremation, or removal, and in			No /	7/// 229-36/	337 A Mrs. Virgina	a Mammond (daughter) B	alto: M. 21234
	ing			18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	only one cause per line far (a), (b) and/(c	4	/ · n	BETWIEN ONSET AND DEATH
	he death attendir permit.			IMMED	IATE CAUSE (g)	r veetti cul	a feeline	Jugues
	att att on,			71	DUE TO, OR AS A CONSEQUENCE OF	1	U	2-
	t the			Conditions, if any, which gave rise to immediate cause (a),		nceme		orango _
	equires the physician. signed by buriol-tran			stating the underlying couse		0'		MENTE
	equires the physician. signed by buriol-tror buriol, cre			last.) (c) 1/2/2	ute ule	er	100800
	phy phy sig			PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT I	IOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1(a)	
	ding ding seen the		NO.	19g. DATE OF OPERATION 1196	CONDITION FOR WHICH OPERATION WAS P	EDECARIED OF AUTOCCO	DOL IS VES INTER SINDINGS (Outling In Contrain
	The law re ottending hos been se as the th prior to)	CERTIFICATION	190. DATE OF UPERATION 190	CONDITION FOR WHICH UPERATION WAS P		20b. IF YES, WERE FINDINGS C CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
	r: Tr or o e h use		EET	1 216 ACCIDENT WAS UNDERLYI	ING 236 TIME OF INJURY	YES T	NO (Enter nature of injury in Part 1 or Part 2,	Itam 181
	IAN ral o fical for for			OR CONTRIBUTING CAUSE OF CEA	ATH HOUR A.M. Manth Day Year		(Enter Paraze of Injury In Part 1 of Part 2,	TREET TO.
	rspii ospii certii hed		MEDICAL	(If either, natify medical exam 21d INJURY OCCURRED 21e	nner) P.M. P.M. TAT HOME, FARM, STREET, F.	KTORY) 21f LOCATION Street or R.	.F.D. No. City or Tawn	County State
	VING PHYSICIAN by the hospital of ther this certifical be detached for State Dept of He			While Nat while	OFFICE BUILDING, ETC.	THE COCATION SHOW OF KI	7 /2 061	/n .
	NG Y The e de			as work distant	his hospital) attended the deceas	ad from	19 W ta 7/2/ 19	, that (I) (we) lost
	TENDING ined by th OR: After tould be de			sow the deceased of	ofive on 7/7/	19 Sand that in/(my) (or	ur) opinion death occurred on the do	ote and hour and from the
4	OS:			causes stated abov	re, (I) (we) (did) (did not) view the	bady ofter death.		
•	OR ATTENE be retained DIRECTOR: A ge 3 should ed with the			22b SIGNATURE	raulo co	ATTENDING I	TIMED. IT STAFF IT &	DATE SIGNED
	o li			22d. PHYSICIAN'S	1	DEGREE PHYS L	DIRECTOR PHYS.	0.18
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and con tetely filled director, page 3 should be detached for use as the buriol-transit permit. Then please remove a pages should be director by the State Dept of Health prior to buriol, cremation, or removal, and in any event, within			NAME (Type)	40 C FICA	NKW YW	SE SUPLINO Ha	y- Cher Buie no
	O HOS Page 4 O FUNE directo		23 a.	BURIAL, CREMATION, 236	DATE / 23c NAME OF	CEMETERY OR CREMATORY	2 23d LOCATION (City or Town)	(County) / (Store) ()
	5 5 F F F			REMOVAL (Spec fy)	rept. 24/8 Gles	- Haven Memsal	K GlenBurnie	140- 9
	VR A15 (4	90	24	HNERAL DIRECTOR	ADDRES!	6 43 A A	REC'D BY REGISTRAR'S	SIGNATURE
	30A4 REV 1	(6.3)		- Lings was	ひにか り	DATE DATE	SEP 2 4 1968 gold	men jurge

ANALYTI ARIII VI AIL IILUAUIRALRII IIL



H			12417 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	(= 41 x 3 t4	4
1	, ,	Ιt	tem#11 Film#G404 9/18/68 vmp CERTIFICATE OF DEATH	4 7	
<i>,</i>	death.		DECEASED NAME First Middle Lost 20. DATE OF DEATH (Type or print) CATHERINE AGNES HEWITT 9 Month 9 Day 6	S Yeor	26 HOUR 10 A.M
	i iii	3 SE			F UNDER 24 HRS HOURS MIN.
	in by	(001	BIRTHPLACE (Stole or foreign 7b. (ITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH OWNTRY) Manylused U.S. G WIDOWED DIVORCED Quite and Country	if	Md
	within 20	10 0		126 KIND OF BU	ISINESS OR
	requires that the death certificate be executed within g physician. signed by the attending physician and campletely fill by burial-transit permit. Then please remaye carbon paburial, crematian, ar removal, and in any event, writing a burial, crematian, ar removal, and in any event, writing a burial, crematian, ar removal, and in any event, writing a burial, crematian, ar removal, and in any event, writing a burial, crematian, ar removal, and in any event, writing a burial, crematian, ar removal, and in any event, writing a burial of the control of the c		o JSUAL RESIDENCE (Where deceased lived, if institution: Residence before 13G CTY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER MISSION) STATE Maryland 13b. COUNTY (Limit Christian) / Darkenne YES NO IN 1106 New Crase	le des	we
	and carema	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle		Lost
	n all se r	L	Thomas F. Hewitt	Coyle	
	physician hen please noval, and i		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dotes of service) Address Mrs. Anna E. Arro 1106 Riverside	a Dr.	
	Cert Ther There		18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c))	APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
	equires that the death ce physician. signed by the attending burial-transit permit. The burial, crematian, ar rem		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardiae dacompensation	6114	rethe
	afte afte perm jan,		402 V DUE TO, OR AS A CONSEQUENCE OF .	220	10 1 m
	at the the nsit mat		Conditions if only, which gove tise to immediate course (a), (b)	· Je	
	s the		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c) Generally and Carterione Consequence	3-01	2010
	hysi hysi gne urial urial		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)		
	ng p ng p sn si ne b ta b	2	-11200	***	
	ICIAN: The law re pital or attending rificate has been of for use as the af Health prior ta	IT FICATION	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONS.	IDERED IN CER	TIFYING
	PHYSICIAN: ne hospital or his certificate stached for u Dept. of Heal-	MEDICAL CERT	21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Hern Court Butting Cause of Death Hour A.M. Month Doy Year P.M. 19	18)	
	OR ATTENDING PHYSIC be retained by the hospi DIRECTOR: After this certi ge 3 should be detached led with the State Dept. at	IME	While Not while of work of wor	ounty	State
	by the		22a. 1 certify that (I) (this hospital) attended the deceased from 1964. 3, 19 77, 1a 1964. 1, 1969, saw the deceased alive on 1964. 1965, and that in (my) (aur) opinion death occurred on the date), that (l) (we) last
	TENDIN ined by OR: Afte ould be ould be		couses stated abave, (1) (we) (did) (bid net) view the bady after death.	ong noor ar	ia itom me
	OR ATTENI be retained DIRECTOR: A le 3 should ed with the		22b. SIGNATURE) (21 MED STAFF 22c. DATI	SIGNED	0/
	be r be r DIRE ge 3		1. 11. 11 He fellegation, M. D DEGREE PHYS DIRECTOR L PHYS L	4/02	
	Page 4 may be retained to FUNERAL DIRECTOR: A director, page 3 should should be filed with the	L	22d. PHYSICIAN'S NAME (Type) R.M. Mc Laughlin 22e. ADDRESS Mossekain Rd. Pas	ealen	e Med.
	Page O FUN	230		County)	(Stote)
	5- 5 0 J	24	REMOVAL (Specify) Burial Sept. 12, 1968 Gedar Hill Cemetery Ritchie Hewy. A.	L.Co.	Md.
	VR A15(4) 30M REV 1468		eorge J. Gonce, 4001 Ritchie Hgwy. Baltimore DAR SEP 1 3 1968	as Jud	ac
		The state of	COLEGE OF GOILGE THOUT STRUITE HEMY PETITIONE DWILLE.	4 9	

MAKTLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH Continue Continue	1	MARYLAND STATE DEPARTMENT OF HEALTH	128
DECEASED MANE [Pear] A PACE White September 21 BRITHPACE (Sine or foreign The CHIZEN OF WHAT COUNTRY) White September 21 BRITHPACE (Sine or foreign) The CHIZEN OF WHAT COUNTRY) White September 21 BRITHPACE (Sine or foreign) The CHIZEN OF WHAT COUNTRY) White September 21 BRITHPACE (Sine or foreign) The CHIZEN OF WHAT COUNTRY) White September 21 BRITHPACE (Sine or foreign) The CHIZEN OF WHAT COUNTRY White September 21 BRITHPACE (Sine or foreign) The CHIZEN OF WHAT COUNTRY White September 21 BRITHPACE (Sine or foreign) The CHIZEN OF WHAT COUNTRY WHAT COUNTRY		12418 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
HOAGLAND September 2 1	i		2b. HOUR /
Female Female SACE SACE	1	Type or print) HOAGLAND September 21 196	
FEMBLAZE (SINCE OF FRORGE) TO COUNTY OF DEATH WINDOWED QUEVER MARRHED QUEVER MARRHED	57	EX 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNCER)	YEAR F JNOER 24 HRS
New York State United States WIDOWED SUNDRED SUNDRED Anne Arundel County Medical County of the	L	Female White 8-9-81 87 YRS.	DATS HOURS WIN
CHY OR IOWN OF DEATH Annapolis I USUAL RESOURCE (Pithere decayed lived, if instrubupe, Respience before PC) (TIT OR TOWN TO STATE I USUAL RESOURCE (Pithere decayed lived, if instrubupe, Respience before PC) (TIT OR TOWN TO STATE I USUAL RESOURCE (Pithere decayed lived, if instrubupe, Respience before PC) (TIT OR TOWN TATHERY NAME First Modifie Lost IS MOTHER'S MANUEL (Pithere only one course per ne for (c), (b), and (d) PART I LEATH WAS CAUSED OUT OR AS A CONSCOURCE OF Conditions, if any, which gave nas to immediate course (c), (c), and (d) PRAT I C OTHER'S GENERANT CONDITIONS CONTRIBUTIONS CONTRI	7	BIRTHPLACE (State of foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Annapolis General during-most of working bite, even freitred Wisher Stocking (Where decoyed lived, if institution, Residence before IDD, CITY OR DOWN State above of vorking 18 - SIREE AND MUNISER FATHER'S NAME FIRST Middle Lost IS MOTHER'S MADIGN NAME First Wisher State W	Ļ	New York State United States WIDOWED Anne Arunde County	Md.
20 USUAL ESDENIE (MYNE deceased dived, it institution: Registers before \$10,000		give street address) during-mast of working life even if retired \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	IBY CONTROL OF
FATHER'S NAME FIRST Modifie Lost IS MOTHER'S MANDEN NAME FIRST Address Addre	Ī	USUAL RESIDENCE (Where deceased lived, of institution: Residence before HSD CITY OR LOWN 13d INSIDERITY AM 137 13e STREET AND NUMBER	
Q WAS DECEASED EVER IN L. S. ARMED FORES? Yes, no, arunkhows? If cause of death (finite only one cause per no for (a), (b), and (d)) PART I. DEATH WAS CAUSED BY MANDURER CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gaves nos to immediate cause (c), stoting the underlying cause) DUE TO, OR AS A CONSEQUENCE OF Sost. (c) PART 2 OTHER SOMERANT CONDITIONS CONTRIBUTIONS FOR PRAILIDH WAS ERRORMED PART 2 OTHER SOMERANT CONDITIONS FOR WHICH PERRALIDH WAS ERRORMED PART 2 OTHER SOMERANT CONDITIONS FOR WHICH PERRALIDH WAS ERRORMED PART 2 OTHER SOMERANT CONDITIONS FOR WHICH PERRALIDH WAS ERRORMED PART 2 OTHER SOMERANT CONDITIONS FOR WHICH PERRALIDH WAS ERRORMED PART 2 OTHER SOMERANT CONDITIONS FOR WHICH PERRALIDH WAS ERRORMED PART 2 OTHER SOMERANT CONDITIONS FOR WHICH PERRALIDH WAS ERRORMED PART 2 OTHER SOMERANT CONDITIONS FOR WHICH PERRALIDH WAS ERRORMED PART 2 OTHER SOMERANT CONDITIONS FOR WHICH PERRALIDH WAS ERRORMED PART 2 OTHER SOMERANT CONDITIONS FOR WHICH PERRALIDH WAS ERRORMED PART 2 OTHER SOMERANT CONDITIONS FOR WHICH PERRALIDH WAS ERRORMED PART 2 OTHER SOMERANT CONDITIONS FOR WHICH PERRALIDH WAS ERRORMED PART 2 OTHER SOMERANT CONDITIONS FOR WHICH PERRALIDH WAS ERRORMED PART 2 OTHER SOMERANT CONDITIONS FOR WHICH PERRALIDH WAS ERRORMED PART 2 OTHER SOMERANT CONDITIONS FOR WHICH PERRALIDH WAS ERRORMED PART 2 OTHER SOMERANT CONDITIONS FOR WHICH PERRALIDH WAS ERRORMED PART 2 OTHER SOMERANT CONDITIONS FOR WHICH PERRALIDH WAS ERRORMED PART 2 OTHER SOMERANT CONDITIONS FOR WHICH PERRALIDH WAS ERRORMED PART 2 OTHER SOMERANT CONDITIONS FOR WHICH PERRALIDH WAS ERRORMED PART 2 OTHER SOMERANT CONDITIONS FOR WHICH PERRALIDH WAS ERRORMED PART 2 OTHER SOMERANT CONDITIONS FOR WHICH PERRALIDH WAS ERRORMED AND AND AND AND AND AND AND AND AND AN	Ĺ	MA HI BURGOLO IS IN SIRAYS	<u> </u>
18 CAUSE OF DEATH (Enter only one couse per me for (a), (b), and (d) PART 1. DEATH WAS CAUSED BY PART 2. DEATH S. GNIFICANT CONDITIONS CONSEQUENCE OF		FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle (Last
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave Inse to immediate cause (a). Stating the underlying cause (b) DUE TO. OR AS A CONSEQUENCE OF (c) PART 2 OTHER S CHIPECANT CONDITIONS CONFEIGUENCE OF (d) PART 2 OTHER S CHIPECANT CONDITION FOR WHICH OPERATION-WAS PERFORMED 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19b. COMOTION FOR WHICH OPERATION-WAS PERFORMED 20c. AUTOPSY? 21a. ACCIDENT WAS UNDERLYING 21a. ACCIDENT WAS UNDERLYING 21a. MINERO COURSED 19b. PART 2 OTHER S OF DEATH 10c. The Company of Death 10c. CONTRIBUTING COURSE OF DEATH 10c. The Company of Death 10c. CONTRIBUTING COURSE OF DEATH 10c. The Company of Death 10c. Contributing Course of Death 10c. Course of Death 10	ſ	WAS DECEASED EVER IN L.S. ARMED FORCES? (es, na, ar unknawn) (If yes give was ne deceased armice) Address Address (16)	70
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave Inse to immediate cause (a). Stating the underlying cause (b) DUE TO. OR AS A CONSEQUENCE OF (c) PART 2 OTHER S CHIPECANT CONDITIONS CONFEIGUENCE OF (d) PART 2 OTHER S CHIPECANT CONDITION FOR WHICH OPERATION-WAS PERFORMED 19a. DATE OF OPERATION 19a. DATE OF OPERATION 19b. COMOTION FOR WHICH OPERATION-WAS PERFORMED 20c. AUTOPSY? 21a. ACCIDENT WAS UNDERLYING 21a. ACCIDENT WAS UNDERLYING 21a. MINERO COURSED 19b. PART 2 OTHER S OF DEATH 10c. The Company of Death 10c. CONTRIBUTING COURSE OF DEATH 10c. The Company of Death 10c. CONTRIBUTING COURSE OF DEATH 10c. The Company of Death 10c. Contributing Course of Death 10c. Course of Death 10	-	18 CALLSE OF DEATH (Enter goly one course not see (a) (b) and (c)	IPPROX MATE INTERVAL
DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTION CONTRIBUTION CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER 5 GNIFKANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER 5 GNIFKANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER 5 GNIFKANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER 5 GNIFKANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER 5 GNIFKANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER 5 GNIFKANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER 5 GNIFKANT CONDITIONS CONTRIBUTIONS CONTRIBUTION OF DEATH PART 1 (a) PART 2 OTHER 5 GNIFKANT CONDITIONS CONTRIBUTIONS CONTRIBUTION OF DEATH PART 1 (a) PART 2 OTHER 5 GNIFKANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER 5 GNIFKANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER 5 GNIFKANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER 5 GNIFKANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER 5 GNIFKANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GUTEN IN PART 1(a) PART 2 OTHER 5 GNIFKANT CONDITIONS CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION OF T	ı	PART I, DEATH WAS CAUSED BY	WEEN ONSET AND DEATH
Inse to immediate cause (a). Stating the Linderlying cause (b). FART 2 OTHER S GNIFICANT CONDITIONS CONTRIBILITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). FART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). FART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). FART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). FART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). FART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). FART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). FART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). FART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a). FART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUT	1		
Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		Canditions, if any, which gave	
PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBUTION OF WHICH OPERATION WAS PERFORMED 100. DATE OF OPERATION 100. CAUSES OF DEATH? 101. CAUSES OF DEATH? 102. CAUSES OF DEATH? 103. CAUSES OF DEATH? 103. CAUSES OF DEATH? 103. CAUSES OF DEATH? 104. MOUNTY OF THE TOTAL CONTRIBUTION OF THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 104. MOUNTY OCCURRED 105. CONTRIBUTING 105. CAUSES OF DEATH? 106. CAUSES OF DEATH? 106. CAUSES OF DEATH? 107. CAUSES OF DEATH? 106. CAUSES OF DEATH? 107. CA	ł	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21d. INJURY OCCURRED 21c. PLACE OF INJURY AT HOME FARM STREET, FACTORY 21f. LOCATION 22f. LOC	l		
Country Coun	I		
Country Coun	ı	a and a last V (473 CZ)	IN CERTIFYING
Country Coun			
21 ether, natify medical examiner P.M 2 1968		FOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year	
220. I certify that (1) (this hospital) attended the deceosed from SWT 2, 19 68, to SET 2), 19 68, that (2) (we) las sow the deceased alive on SET 20 19 68, and that in (my) (a) opinion death accurred on the date and hour and from the couses stated above, (1) (a) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22d PHYSICIAN'S NAME (Type) Richard F. Moschell 22e. ADDRESS 98 Cathedral Street, Annapolis, Maryland BURAK (REMATION, 23b DATE 123c. MAME OF CEMETERY OR CREMATORY 123d. PLANCE STAFF 125e. ADDRESS 98 Cathedral Street, Annapolis, Maryland 125d. REGISTRAR SIGNATURE PHYSICIAN SUMMER PHYSICIAN SUMMER (Caunty) 125d. REGISTRAR SIGNATURE		[if either, notify medical examiner] P.M. Q - Z - 1968	Stota
220. I certify that (1) (this hospital) attended the deceosed from SWT 2, 19 68, to SET 2), 19 68, that (2) (we) las sow the deceased alive on SET 20 19 68, and that in (my) (a) opinion death accurred on the date and hour and from the couses stated above, (1) (a) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22c. DATE SIGNED 22d PHYSICIAN'S NAME (Type) Richard F. Moschell 22e. ADDRESS 98 Cathedral Street, Annapolis, Maryland BURAK (REMATION, 23b DATE 123c. MAME OF CEMETERY OR CREMATORY 123d. PLANCE STAFF 125e. ADDRESS 98 Cathedral Street, Annapolis, Maryland 125d. REGISTRAR SIGNATURE PHYSICIAN SUMMER PHYSICIAN SUMMER (Caunty) 125d. REGISTRAR SIGNATURE	-	at work of work No work No was no office evillating, etc	21010
couses stated obove, (I) (III) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED 22d. PHYSICIAN'S NAME (Type) Richard F. Moschell 22e. ADDRESS 98 Cathedral Street, Annapolis, Maryland BUR AL (REMATON, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY PHYSICIAN'S NAME (Type) 22c. DATE SIGNED 22c. ADDRESS 22c. ADDRESS 22c. ADDRESS 22c. ADDRESS 22c. ADDRESS 22c. DATE SIGNED 22c.		220. I certify that (1) (this hospital) attended the deceased from SUFT 2, 19 68, to SEFT 21, 19 68,	that (#) (we) last
226. SIGNATURE 226. DATE SIGNED 226. DATE SIGNED 226. DATE SIGNED 226. ADDRESS 226. ADDRESS 226. ADDRESS 226. ADDRESS 226. ADDRESS 236. ADDRESS 236. DATE 236. DATE		sow the deceased alive on	iour ond from the
22d PHYSICIAN'S NAME (Type) Richard F. Moschell MD 22e. ADDRESS 98 Cathedral Street, Annapolis, Maryland BUR AF (REMATON, 123b DATE 123c. MAME OF CEMETERY OR CREMATORY 123d. LOCATION (City or Town) (County) (Stote) 125d. REC D BY REGISTRAR 25b REGISTRAR 25b REGISTRAR 25c REG		ON CIPHATURE	
NAME (Type) Richard F. Moschell MD 98 Cathedral Street, Annapolis, Maryland BUR AF (REMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) FEMOVALIS pecify) ADDRESS (AZSG. REC D BY REGISTRAR 25b REGISTRAR 5 SIGNATURE)			-3-68
BUR AF (REMATION, 23b DATE 23c MAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) FEMOVAL IS DECITY 23b DATE ADDRESS / 25c. REC D BY REGISTRAR 25b REGISTRAR 5 SIGNATURE			. Maryland
PRINCED DIRECTOR ADDRESS ADDRESS AZOR REGISTRAR 256 REGISTRAR SIGNATURE	1	BUR AT CREMATION, 236 DATE / 23c MAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town) (County	
	-	1 July 1100 They found with their william	el del
	į	ADDRESS (1/25a. REC D BY REGISTRAR 1/25b. REGISTRAR S SIGNATUR Sheet A Barrana User Stephen Date SFP 2 5 1968 ACCIONES	Vocatas.



1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
A second		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	129
FOR STATE		12419 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		ECEASED NAME First Middle 1 Lost 20. DATE KNOWN Month D	ay Year 2b, HOJB
at a de te	, {	Type or Print) - Thomas T. Hogan DEATH MATED 9	2 1968 A.M
3, ta 3, ta Page	3 5	EX. 4 RACE S DATE OF BIRTH 16. AGE (in yours 1. F UNDER 1 YEAR IN UNDER 24 HRS 2C DATE PRONOUNCED DEAD	2d HOUR
ny delay 2 and 3. PM. Pa		N 6-1-32 ast pirhday) MONTHS WAYS HOURS MIN Month 9 Day 6	Yeor 1928 / A.M.
	7a	BIRTHPLACE (State or foreign 75 CT ZEN OF WHAT COUNTRY? 18 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	1.00 10 71.1
- 5	COUR	Baltimore U.S.A. WIDOWED DIVORCED Anne Arundel	Md
Pages with for	10. (OTY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 12	Pb K ND OF BUSINESS OR
\$ 6 × 5		Glen Burnie gwNstreetAffemdel Hospital during most of working life, eyen if retired) B	oston-Metals
offer death along with with the Se	13a	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c City OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER	DE SELL
	0	dm SAN STATION 136 CONTINE Arundel Glen Burnie YES NO IX #1604 Manning	Road
24 haurs o in Item 18. ir's Office al		FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	last
		George Hogen Avalene	Fronten
hin 24 ncil in niner's pages haurs	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17, INFORMANT ADDRESS	- 20110011
within pencil xamine xemine ye pagi	0	(es.no.orunknown) 1951-60 (as.no.orunknown) 219-28-3055 Mrs. Doris J. Hogan(Wife) Sa	me as #2
xecuted withding" in perfection of the perfect of the permit. Take the within 72 the terminal of the permit of the	F		APPROXIMATE INTERVAL
be executed "pending" in iief Medical E insit permit. T event within		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) PART 1 DEATH WAS CAUSED BY. IMMODIATE CAUSE (a) OCCUUS! ON	BETWEEN ONSET AND DEATH
din din hed peri		410 9 IMMEDIATE CAUSE (a) William (b) William (c) CE (d) IMMEDIATE CAUSE (a) UNIT OF AS A CONSEQUENCE OF	munda.
be execute "pending" iief Medical insit permit		Conditions, if any, which gave)	
d b Chii Tran		rise to immediate cause (a), (b)	
shauld be e le ward "pel a the Chief I burial-transit		stating the underlying couse DUE 10, OK AS A CONSEQUENCE OF	
she v he v ta tl buri d in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
MINER: This certificate should be executed within 24 the certificate, writing the ward "pending" in pencil in 4 should be farwarded to the Chief Medical Examiner's in files. e 3 should be used as a burial-transit permit. File pages enaction, ar removal, and in any event within 72 hours		PART 2 OTRICK STORTHOUGH CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(d)	
is certific te, writin farward farward on used o	NO.	196, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION	20. AUTOPSY?
e, w farv farv	E S	WAS PERFORMED?	YES TO NO TO
This likete be for the ar re-	CERTIFICATION	210. EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day Year 21c HOW IN. URY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem	
INER: 1 e certific should b files. 3 should cation, a		PRIMARY OR CONTRIBUTING HOUR A.M.	,
NER e cer shou files. 3 sho ation	MFDICAL	CAUSE OF DEATH P. M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f IOCATION Street or R.F.D. No. City or Town	County State
		WHILE NOT WHILE factory, office building, etc.)	
	1	AT WORK I AT WORK I	
ICAL E executor. Pac ed far CTOR: F burial,		220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry	ond in my opinion
please explease explease explease. I director. retained f		deoth resulted from: Natural couses Accident Suicide , Hamicide , Undetermined manner)
		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF SAME SAME SAME SAME SAME SAME SAME SAME	A MP M
o . = =		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 200 MAIL SIGNATURE	168
DEPUTY ecessary, per funeral may be r FUNERAL pring		EXAMINER'S NAME (Type) DEPLITY MEDICAL EXAMINER ADDRESS(Street, city, town, or county)	100
O DEPUTY necessary, the funera 5 may be 0 FUNERA Health pr	22-	The Control of the Co	(()-)-
7 - 101	230	BURAL CREMATON, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (C REMOVAL(Specify) Sept. 10,1968 Baltimore National Baltimore, Mary	aunty) (State)
1	24	FUNERAL DIRECTOR ADDRESS 250 RECORDER 250 REGISTRAR 250 REGISTRAR'S SIG	
VR A15ME (5)	1	B. Floring Singleton Funeral Home DATE SEP 9 1968 School	
10M REV 1/68		GIEN GUINTE, MG. DAIE SEL O 1000 Je and	1

100 to 10

4 - 1		12420		, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	122,0
E A TA		ECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	25 HOUR
hours after death by the vineral from safter leads hours after leads	1	ype or print) Jame	I.	Hyson	Manth 3	оү 68 ^{еог} 725а м
5 5 5	3 5	X Y	4 RACE	S DATE OF BIRTH	6. AGE (In years	SE UNDER 1 YEAR SE UNDER 24 HRS.
the the safes		female	white	July 26, 19	07 lost bighday) YRS	MONTHS DAYS HOURS MIN
by # Pag	7a	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
12 P. S.	(dr	Baltimore,Md	U. S. A.	WIDOWED DIVORCED	Anne Arundel	Md.
	10 (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OF I	ISTITUTION (If nat in haspital 12a USU	AL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
To Man of	G	len Burnie	give street address)	th Arundel during m	ost of working life, even if retired.) NOUS EWITE	INDUSTRY Home
od v	130.	USUAL RESIDENCE (Where decease	sed lived, if institution. Residence befare	13c. CITY OR TOWN 13d. INSIDE CITY &		
equires that the death certificate be executed with physicion. Signed by the attending physicion and completely burial-transit permit. Then please remove carbo burial, cremation, or removal, and in any event, when the province of the contract of the cont	uam	STATE Maryland	13b COUNTY Anne Arund	Pasadena YES N	Rt. 10, Box	353 B. Garland,
exe emo any	14	FATHER'S NAME First	Middle Lost	15 MOTHER 5 MA DEN NAME		Lost
De De Di			Bendermeyer	Qaisy Duv	all	
t the death certificate be ex the attending physicion ond sit permit. Then please rem nation, or removol, and in an	160	WAS DECEASED EVER IN U.S. ARI (es, no prunknown) (If yes give v	MED FORCES? 16b SOCIAL SECURITY		Address	
rtific No.		ES, III III	var or dates of service) UNKNO	WIV William H. (Hyson-Pasadene,	
and The		18. CAUSE OF DEATH (Enter on	ity one cause per lipe or (a), (b), and (c	11-1-1-1		APPROXIMATE INTERVAL BETWEEN ON AND DEATH
eath	1	PART I. DEATH WAS CAUSE IMMEDIA	ATE CAUSE (o) Decentive	Har Janen	Y	INh
e de da antre antre on,	П	4129	DUE TO, OR AS CONSECUENCE OF	1. 17 : 12 ×	1 00.	nec.
t th sit p		Conditions, if any, which gove in its to immediate cause (a),	(b) arun	PILLWAL XHOW	Milm	June
tho on. by ron cren		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	1 APTION	han	Mea.
quires that the physicion. signed by the burial-tronsit burial, cremat		lost	(c) fluor	angell as anot	ayours	fees
phy phy sign burn burn			NDITIONS CONTRIBUTING TO DEATH BUT I	NOTCE ATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
ing ing the r to	몽	4200	Colluna .			
tender la bos prio	CERTIFICATION	19a DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS P		CAUSES OF DEATHS	CONSIDERED IN CERTIFYING
r at r at l	E E	D) . JCCIDENT HINC HAIDERI VII	U.S. Land Street and Allinois	YES NO		
AN: al o icote for l		21a ACCIDENT WAS UNDERLYING CAUSE OF DEA			r nature of injury in Port 1 ar Part 2	(, Item 18.)
SPIT Spit Spit Spit Spit Spit Spit Spit Spit	MEDICAL	(If either, natify medical exami	iner) P.M.	19		County State
G PHYSICIAN: The law re the hospital or attending r this certificate hos been detoched for use os the te Dept. of Health prior to	~	44	PLACE OF INJURY (OFFICE BUILDING ETC.	ACTORY, 21f LOCATION Street or R.F.D. No.	i. City or Town	County State
te C		at work at work	L Stall Mandalat I	11	3 9 5 1	0/6 45-4 (1) ()]
Phy After Stock St	П	saw the deceased a	ilive an	sed from, 196 1964, and that in (my) (aur) ap	inian death occurred on the	date and haur and from the
TEN ineq ould the		causes stated above	e, (I) (we) (did) (did nat) view the	bady after death.	inian avain verying gir iniv	agro grid riggri grid right into
R ATTENDIN retoined by ECTOR: After 3 should be with the Stot		22b SIGNATURE	2005 1	ATTENDING A.	MED STAFE 22	DATE SIGNED
OR DIRI ed 3		Ttola	2 Marthy		MED STAFF DERECTOR PHYS D	- 5-66
AL Dog		22d. PHYSICIAN'S NAME (Type) HILL	ARY T. O'KEBLIHY	22e ADDRESS	EN BURNIE, MA	ARYLAND
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retoined by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to						
HC oge FUI FUI hou	23a	BURIAL, CREMATION, 23b REMOVALISPECTY) 9		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
5 5 5 %				Haven Memorial Pk	SY REGISTRAR 2SB REGISTRAR	
VR A15 (4) 30M REV 1	15	DALETOR FHREE	al Home/Glen Bur	nie, Md.		man ander

MAKTLAND STATE DEPARTMENT OF HEALTH



1		MARYLAND : DIVISION OF VITAL RECORDS, 30	STATE DEPARTMENT OF H 1 W PRESTON STREET RAITI		
	12421		RTIFICATE OF DEATH		12131
	DECEASED NAME (Type or print) WA LT	rst Middle ER BLAKE IZARD	Last	2a DATE OF DEATH Manth Da SEPTEMBER 7	25. HOUR 1968 1740
3	SEX AAST TIT	4 RACE	S DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER LYEAR F UNDER 24 HRS MONTHS ONLYS HOURS MIN
L	MALE	CAUCASIAN	16 MAY 1873	95 YRS.	MORING WILL
	8IRTHPLACE (State or fareign untry)		MAKKIED	9 COUNTY OF DEATH	
L	SOUTH CAROL	TENERS U.S. U.S.	/IDOWED DIVORCED D	ANNE ARUNDEL	Md
10	AIJIA POLIS	11 NAME OF HOSPITAL OR INSTITUTION (INC.) GIVE street address) NAVAL	HOSPITAL USUA	AL OCCUPATION (Kind of work done ast of working Life, even if retired.) S. NAVY	125. KIND OF BUSINESS OR INDUSTRY U.S. MAY
	USUAL RESIDENCE (Where de mission) STATE	ceased lived, if institution Residence before 136 COUNTY A TOTAL A RELITIONET	E. CITY OR TOWN 13d INSIDE CITY LE	MITS? 13e STREET AND NUMBER	STREET
14	FATHER S NAME First	Meddle Last	15. MOTHER 5 MAIDEN NAME F		Last
	RALPH	S. IZARD		ER V.C.	KEED
16	a. WAS DECEASED EVER IN U.S. Yes no or unknown) (figes	ARMED FORCES? give war or dates of service) 28—1923 552—86—1541	HUNARELLE	TZARD #13	
		r anly one cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
l	PART (. DEATH WAS CA	NUSED BY: NEDIATE CAUSE (0) GENERALI	ZED ARTERIOSCIERO	SIS	
L	4379	DUE TO, OR AS A CONSEQUENCE OF			
L	Canditions, if any, which go ase to immediate cause (u) (p) OBIREDITATE	ARTERIOSCLEROSIS		
L	stating the underlying car	DUE TO, OR AS A CONSEQUENCE OF			
ı		CONDITIONS CONTRIBUTING TO DEATH BUT NOT R	FLATED TO THE TERMINAL DISEASE ORG	CONDITION GIVEN IN PART 1(n)	
1.	234X	COMPINORS CONTROLLED TO DESTI-	CONTENT TO THE TENTIONE DISEASE ON	CONDITION OF THE WAY THE TANK TO	
ATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFO	RMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
CEDTIENCATION			YES 🔀 NO		
			21c. HOW INJURY OCCURRED (Enter	r nature of injury in Part 1 or Part 2,	Item 18.)
MEDICAL	(If either, natify medical ex	raminer) PM 19			
17	While Not while		2) 21f LOCATION Street ar R.F.D. Na.		Caunty State
	22a. I certify that (I)	(this hospital) attended the deceased d alive on 7. S.S.E.I.BER.	fram, 19, 19, 19, 19, 19,	, to, 19	9, that (I) (we) los
ı	couses stated ab	ave, () (we) (did) (did not) view the boo	iy after death.		
ı	22b. SIGNATURE		ATTENDING - A	MED STAFF	. DATE SIGNED
L		NAME	DEGREE PHYS. D	DIRECTOR PHYS.	
	22d. PHYSICIAN S NAME (Type)	BRICKEL LA MC USIN		VAL HOSPITAL, AT	TAPOLIS. MD.
27	BUR AL, CREMATION,		ETERY OR CREMATORY 11/	23d LOCATION (City or Jawn)	(County) (Staye)
14.	REMOVALISH BULLY		cton VATL.	HRHINGTON	la.
2	4. FUNERAL DIRECTOR	APPORESS	250 REC'D E		S SIGNATURE
	John V/2	19/0040	ESTE P 3 D DATSEP	11 1968 / golia	MES JURGE



		MARYLAND STATE DEPARTMENT OF HEALTH	
1	10/06	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	A
(NE)	12422	CERTIFICATE OF DEATH	12433
	DECEASED NAME Firsts (Type or print)	oton Middle Last Last 2a - DATE OF DEATH Do	Yeor Land
3	SEX AT	4 RACE S DATE OF BIRTY 6 AGE (In years loss birthdoy) 12 - 24 - 41 . G AGE (In years loss birthdoy)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	o. BIRTHPLACE (State or foreign country)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED	Md
10	O CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION (If nat in haspital give street oddress) A y	12b KIND OF BUSINESS OR INDUSTRY
13 00	3a JSUAL RESIDENCE (Where decross dmission) STATE	Ad Inved. f instruction Residence before 13c CITY OR TOWN 13d MISIDE CITY LIME TS? 13e STREET AND NUMBER YES NO. 27 NO. 2	-421.
1 1/	4 FATHER'S NAME First	Middle Last Son Mary J. Cackso	N
7:	60. WAS DECEASED EVER IN U.S. ARM Yes, na, ar unknawn) (If yes give in	TED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Address of or of dollars of the price of the social security of t	B4421 Severy R. M.
	PART 1. DEATH WAS CAUSED	DUE TO, OR AS A CONSEQUENCE OF (b) TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b)	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
	stoting the <u>underlying couse</u>	DUE TO, OR AS A CONSEQUENCE OF (c) [DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	14 11 34	INTIDIO CONTRIBOTING TO DERVIT OUT HOT REDUIED TO THE TERMINAL DISEASE OR CONDITION OF THE TARKE IN	
Y	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	를 다 or contributing 다 cause of DEAT	H HOUR A.M. Manth Day Year ner) P.M. 19	Item 18.)
	21d INJURY OCCURRED 21e. While Not white of work	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21F LOCATION Street or R.F.D. No. City or Town	County State
	22a. I certify that (I) (this saw the deceased a	is hospitol) attended the deceased fram / 9 >, 19, to 122 Ce, 19 live on	, that (i) (we) lost ate and haur ond from the
X	22b SIONATURE		DATE SIGNED
1	22d. PHYSICIAN S NAME (Type) RD	bert R. HAHN J.O. Box 73 Jever	vo Doil
2	BURIAL, CREMATION, 236 236	126/68 Caspenter Hill House Say	GG, MA
68	WINERA DIRECTOR TOO	ANDRESS 250 REC'D BY BIGISTRAR 25b. REGISTRAR DAGEP 2 4 1968	S SIGNATURE



1 1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	12423 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 2 4 3 3
er death. funeral 1 and 2 er death.	1 DECEASED NAME First Mode Lost 2a DATE OF DEATH 2b Addit (Type or print) John Edward Jones September 10:76
after of the fur	3. SEX Male 4 RACE S. DATE OF BIRTH 10-13-02 6. AGE (In years withday) 10-13-02 6. AGE (In years withday) 10-13-02
24 haurs after death 29 in by the funeral per Podes I and 2	70. BIRTHPLACE (Stote or foreign Country) The CITIZEN OF WHAT COUNTRY? COUNTRY OF DEATH WIDOWED DEVORCED DEVORCED MARRIED OF WHAT COUNTRY? WIDOWED DEVORCED MARRIED OF WHAT COUNTRY? MARRIED OF WHAT COUNTRY? Anne Arundel
■ 重 <i>型</i> 重	Glen Burnie, Ti NAME OF HOSPITAL OR INSTITUTION (If not in haspital US. A. OCCUPATION (Kind of work done during man of training man of traini
amphete event,	130. JSJAL RESIDENCE (Where deceased eved, if institution: Residence before 13c CITY OR 10WN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 748 Poplar Dr.
be executed and control in any	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Edward E Jones Annie Elizabeth Hill Baber
hysician pleasi val, and	160. WAS DECEASED EVER IN . S ARMED FORCES? Yes, nq or upknown) 1 (*yes gwe wor ar dates of service) 577 03 2206 17 INFORMANT Address Glen Burnie, Md.
Page 4 may be retained by the hospital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campetely fill director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon postule be filled with the State Dept. af Health prior to burial, crematian, or remayal, and in any event, within the State Dept.	18. CAUSE OF DEATH (Enter only one couse per "me for (a), (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave isst to immediate cause (a), storing the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SYGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SYGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SYGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) PART 2 OTHER SYGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 9-5-68 Practure right femur YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING (If e.ther, nortry medical examiner) 1 OF CONTRIBUTION COURRED 1 OF CONTRIBUT OF COURTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a) 210. INJURY OCCURRED 211. ACCIDENT WAS UNDERLYING (If e.ther, nortry medical examiner) PM. PM. 212. INJURY OCCURRED 213. ACCIDENT WAS UNDERLYING (If e.ther, nortry medical examiner) PM. PM. 214. INJURY OCCURRED 215. ACCIDENT WAS UNDERLYING (If e.ther, nortry medical examiner) PM. PM. 216. INJURY OCCURRED 217. ACCIDENT WAS UNDERLYING (If e.ther, nortry medical examiner) PM. PM. 218. INJURY OCCURRED 219. ACCIDENT WAS UNDERLYING (If e.ther, nortry medical examiner) PM. PM. 210. INJURY OCCURRED 210. ACCIDENT WAS UNDERLYING (If e.ther, nortry medical examiner) PM. DEGREE WHICH TO THE TERMINAL DISEASE OR CONDITION OF THE TERMINAL DISEASE OR
TO HOS Page TO FUN direct	230 BURIAL (REMAT ON, REMOVAL (Specify) Sept 7, 1968 Ft Lincoln Cemetery Colmar Planor Pro Geo Md. (Strote)
VR A15 (4) 2 30M REV 1/68	24 FUNERAL DIRECTOR Gasch's Sons Hyattsville, Md. 250 RECD BY REGISTRAR 250 REGISTRAR'S SIGNATURE 250 RECD BY REGISTRAR'S SIGNATURE

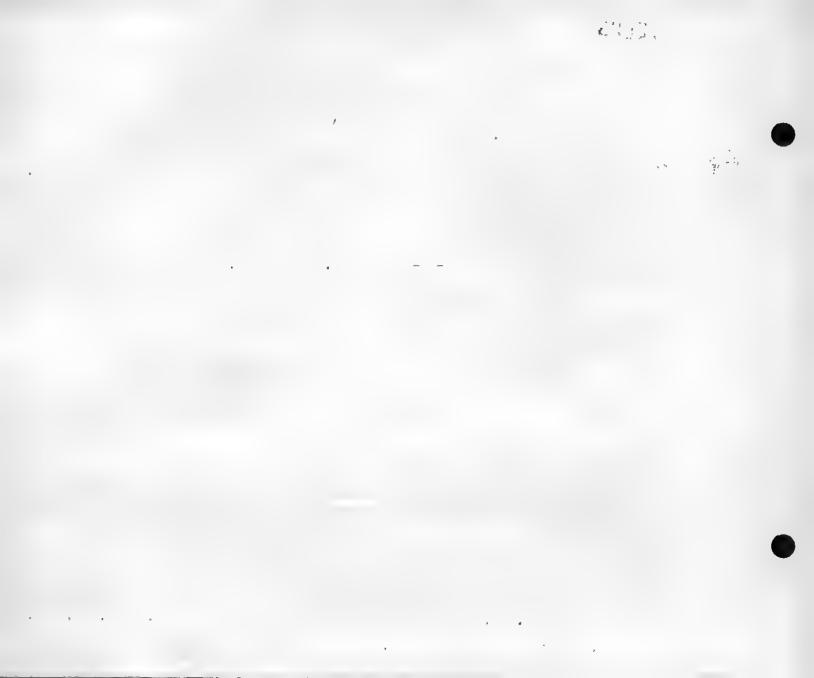


,	ı	40101	DIVISION OF VITAL RECO	LAND STATE				1040	A
1		12424	DIVISION OF VIEWE RECO		CATE OF D		., MARTIDAND 21201	1233	€"
	1 D	CEASED-NAME First			Last	2a [DATE OF DEATH A Month & Do	y/t/Yeor	2b HQUR
		FLUEL		ORDAN				68	D-A.M
	3. SE	_	4 RACE		S DATE OF BIRTH		6 AGF (In years lost birthday)	F JNDER 1 YEAR MONTHS DAYS	HOURS MIN.
	-	FEMALE	WHITE		2-4-1		63 YRS.		
	con	HRTHPLACE (State or foreign fry) Tenn.	76. CITIZEN OF WHAT COUNTRY? USA	WIDOWED		יייי	nne Arundel		Wq
۰	10. 0	LOTHIAN	11 NAME OF HOSPITA give street address) Rt #1	Box 174	not in hospital	during most of w	PATION (Kind of work done rarking lite, even if ret red.) L TEACHER	12b KIND OF INDUSTRY	BUSINESS OR EACHING
_		LSJAL RESIDENCE (Where decen	ised lived, if institution. Residence l		R TOWN 13d	INSIDE CITY LIMITS?	13e STREET AND NUMBER		210112110
	odm	ssian) STATE MARYLAN	D 13b COUNTY NE ARUN	DEL LOTH	IAN Y	ES V NO 🗌	RT排 1 BOX 1	.74	
2	14. 1	ATHER'S NAME First		Last	S. MOTHER'S MAID		Moddle		Lost
		THOMAS J			MALI	SSA WAT			
	16a.	WAS DECEASED EVER IN U.S. AR es, no, or unknown) (II yes give	war or dates of service)	-	INFORMANT	TODD A M	Address	10	
	-		213-38		VIRGIL I	. JORDAN	SAME AS #	APPROXI	MATE INTERVAL
		18. CAUSE OF DEATH (Enter of PART 1 DEATH WAS CAUSE	nly one cause per line for (a), (b), in ED BY.	and (c).)	1 - 1	4,	0 2	BETWEEN C	DINSET AND DEATH
	1	IMMEDI	IATE CAUSE (a)	lasya	772	MACI	we me		
		Canditions, if any, which gave	DUE TO, OR AS A CONSEQUEN	ice of	. 1	Book	and.		
	1	rise to immediate couse (a), stating the underlying couse	(0)	The Party of the P	1	17) Ca		1	
	1	last.	(c)		Δ				
	1	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED	O THE TERMINAL D	ISEASE OR CONDITIO	ON GIVEN IN PART I(a)		
	S	170x							
2	CERTIFICATION	19a DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION	WAS PERFORMED	20o AUTOPS		20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN C	ERMFYING
	E	21a ACCIDENT WAS UNDERLYI	NG 216 TIME OF INJURY	21. 1	YES	NO S	of injury in Part 1 or Part 2,	item 181	
		OR CONTRIBUTING CAUSE OF DEA	ATH HOUR A.M. Month Day	Yeor	IOTI TIDUNI OCCUR	urry (rille) 101016	or injusty in rull 1 of rull 2,	11001 100	
	MEDICAL	(If either, not fy medical exam 21d. INJURY OCCURRED 21e		TREET, FACTORY.) 21f (OCATION Street of	or R.F.D. No.	City or Town	County	State
	1	While Nat while at work	OFFICE BUILDING	ETC.			,	,	
	П		his haspital attended the d	eceased fram	May	_, 19/A.Y.	to x/e = + , 1	9 (e), that	(I) (we) las
		saw the deceased of	alive an <u>frequent S</u> re, (I) (we) (did))(did nat) vie	19 6 8, or	id that in (my)	(aur) apinian d	leath accurred an the d	ate and haur	and fram the
		22b. SIGNATURE //	re, (i) twel (a) (Maia nai) vie	w me bady arei	deam. (22c	DATE SIGNED	
	L	1.1.1	CHS In	e DEG	REE PHYS	MED DIRECTOR	C STAFF C	9/4/6	8
		22d/ PHYSICIAN'S		-	22e. ADDRE			1/10	
		NAME (Type)							
	23a.	DEMOVAL (Spaceful)	1	ME OF CEMETERY OF			LOCATION (City or Tawn)	(County)	(Stote)
				VIEW CE		Mc Sa REC'D BY REGIS		PENN.	
			E. Wilhelm Fund			DATESEP S	and the second of	was In	422
	- 6	LING SHITELERIC I	MUMUL DUTETHIUP	TALLVILLE		MILLS L. 1	1044 /	- 4/	

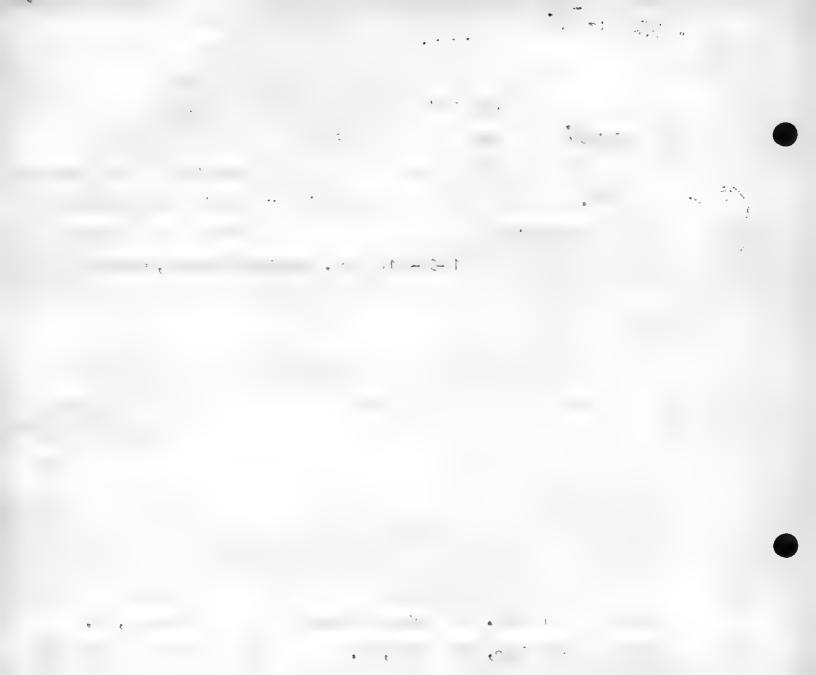
*-;

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH M-ddle DECEASED-NAME P First 20 DATE KNOWING Month 2b. HOUR (Type or Print) ESTI-DEATH MATED 91201 delay IF UNDER 24 MRS. 4 RACE S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR 3 SEX HOURS 7-3-11 W YRS. 7a, BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED MINEVER MARRIED 9. COUNTY OF DEATH form Virginia U. S WIDOWED DIVORCED Give Poges he State 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b K ND OF BUSINESS OR during most of working life, even if retired)
Personnel Clerk give street address andel Hospital Duront Co. 13a USUAL RES DENCE (Where deceased ved, finishtution Residence before 73c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admiss an) STATE 13b. COUNTY 3608 Baltimore 24 hours ofter First in Arem 14. FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME Middle Last Lillian Kearfott Chapelle Joseph hours podes 16b. SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? be executed within in pencil (Yes, na, ar unknawn) 212-10-6513 Mrs. Virginia C. Kearfott Same File No APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) permit. BEDWEEN ONSET AND DEATH word "pending" in the Chief Medical PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any which gave rise ta immediate cause (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . = be forworded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 0 00 removal CERTIFICATION nseq 20. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION 19a. DATE OF OPERATION WAS PERFORMED? YES 🗌 pe 210 EXTERNAL CAJSE WAS 0 21b TIME OF NJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should should HOUR A.M. PRIMARY OR CONTRIBUTING cremotion. CAUSE OF DEATH P.M 21e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R.F.D. Na. 21d INJURY OCCURRED City or Town County State factory, affice building, etc.) WHILE NOT WHILE O bursol 22a. I certify that I fook charge of the remains described above, held an Autopsy and in my apinian FUNERAL DIRECTOR: Inspection 4 Inquiry the funeral director. Natural causes Accident Suicide Hamicide Undetermined manner death resulted_from refained CHIEF MEDICAL EXAMINER **ACTUAL** 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUT DEPUTY MEDICAL EXAMINER **FXAMINER'S** 5 may TO FUNE Health ADDRESS(Street, city, tawn, ar county) NAME (Type) 23a BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Caunty) REMQVAL(Specify) Cedar Hill Cemetery Ritchie Hwy. A. Co., 16. Burial ADDRESS 2Sb REG STRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25a REC D BY REGISTRAR hool Ritchie Hwy. George J. 1968 Gonce VR AT5ME (5) / TOM REV T/68

MARYLAND STATE DEPARTMENT OF HEALTH



/ 1	1	DIVISI				ARTMENT OF N STREET, BALT		AND 212	01		,
FOR STATE		12426				ERTIFICATE		.,,,,,,		12436	
HEALTH DEFI	1 0	ECEASED NAME Type or Print)	EMA	Madi		Krob	/e	20 DATE I OF DEATH	KNOWN Mont ESTI- MATED S		26 HOUR
dell 13.	3 5	FW	S DATE OF BII 23 Jul 75 CITIZEN OF WI	Ly 1894	6. AGE (n years last birthday)	F UNDER , YEAR MONTHS DAYS IRR ED NEVER MAI	HOURS MAN	2c DATE PE	RONOUNCED DEAD Day	154801 1968	2d HOUR
Give Poges 1, 3nd with form the State Depth	(0.1	BIRTHP ACE (Stote or presign atry) Baltimore TY OR TOWN OF DEATH	15/	AME OF HOSPITAL	Wid		RCED 120 USUAL OC	CUPATION (ARUNDI Kind of work dan		Ma USINESS OR
6 K 6	130	USUAL RESIDENCE (Where decoderission) STATEMENT	0	street address) A - No ut an Residence	before 13c CITY	i	during mast of Hand 152 YES NO [13e STREET		Own	Home
hours Item 18 ffice Tond 2		FATHER S NAME First	Middle	AA	Lost	IS. MOTHER S MAII		112	Carroll Middle	Hoad l	Q5T
7.0 00			llrich				Pau	line		Shumach	
within 24 Examiner's Examiner's File pages.		WAS DECEASED EVER IN U.S. ARMI (es, no, or unknown) (If yos	D FORCES? give wer or dates of service)	16b. SOCIAL SECU 218-34		Mrs. Ger	nevieve M	cFral	ADDRESS		
xecuted nding' in Medical E permit. F		18. CAUSE OF DEATH (Enter PART I DEATH WAS CAU IMME	ISED BY. DIATE CAUSE (a)	ine far (a), (b), ar	ae C	leseine				APPROXIMA BITWEEN ONS	ATÉ INTERVAL SET AND DEATH
should be executed no word "pending" is the Chief Medical buriol-tromsit permit.		Conditions, if any, which gave rise to immediate cause (a stoting the underlying cous	(b)	R AS A CONSEQUEN			1984 - 1988 - J				
bical EXAMINER: This certificate should please execute the certificate, writing the word director. Page 4 should be forworded to the Ciretoined for your files. INTECTOR: Page 3 showld be meed as a buriol-truct to burial, cremotian, or removal, and in any		PART 2 OTHER SIGNIFICANT CO	(c)	ING TO DEATH BU	T NOT RELATED	TO THE TERMINAL D	ISEASE OR CONDITIO	ON GIVEN IN	PART 1(o)		
INER: This certificate stee certificate, writing the should be forworded to files. 3 should be med as a bustion, or removal, and in	CERTIFICATION	19a DATE OF OPERATION		196 CONDITION WAS PERFO	RMED?					20. AUTOF	
INER: The certifical should be files. 3 should be notion, or	MEDICAL CER	21a EXTERNAL CAUSE WAS PRIMARY (OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21	G HOUR A	M.	19	21c HOW INJURY OC					<u> </u>
bical Examiner: se execute the certification. Poge 4 should inded for your files. IECTOR: Poge 3 shom to burial, cremotian,	22	WHILE NOT WHILE AT WORK	e PLACE OF INJURY factory, affice builds	ng, etc.)		21f LOCATION Street		,	r Town	County	State
bical Elector. Poperation of the burial, but to burial,		220. I certify that death resulted from				Suicide,	psy [], ins Homicide [], F MEDICAL EXAMINE		对 , I nquiry ermined mapn		my apınian
		EXAMINER'S	Len hi	a while	r	M D ASSI	ISTANT MEDICAL EXA UTY MEDICAL EXAMI	MINER NER	_5	TE SIGNED	
TO DEPUTY necessary, the funers 5 may be TO IUMERA Halth p	230	BURIA., CREMATION, 2. REMOVAL (Specify)	3b DATE	23c NA		Y OR CREMATORY	PRESS(Street, city, to	LOCATION	(Cty ar Town)	' ''	(State)
	24	FUNERAL DIRECTOR	18 Sept.		ADDRESS	Cemetery	2So REC'D BY REC	GISTRAR	25b REGISTRAI	KS SIGNATURE	
10M REV 1/6		Kirkley Funer	al Home,	Glen Bu	rnie, l	đ.	DATE SEP 1	7 19		arles Jus	ye_



		12427	DIVISION OF	VITAL RECORDS,		CATE OF		ORE, MARYI	AND 21201	21,77	
ي م	I. D	CEASED NAME FIT	st	Middle		Lost	[2a DATE OF DE	ATH		2b. HOUR
24 hours after deoth. ed in by the remain pers. Pagis Fond. 72 nours alver deby.	(1	ype or print)	ARY	ANN	Kos	TKOW	ski	S	Month Doy	17,1968	M
F F X E	3 5	X	4. RACE			S DATE OF BI	RTH	6.	AGE (In years ost birthday)	IF UNDER 1 YEAR	IF JNDER 24 HRS.
the the age is a		Female	Whi	.te		March	14, 187	6	92 YRS.	MONTHS DAYS	HOURS MIN.
by Pour	7o I	BIRTHPLACE (State or foreign	7b. CITIZEN OF WE	IAT COUNTRY?	8 MARRIE	NEVER MAR	RIED 9	COUNTY OF DE	ATH		
4 h H in years	caui	Poland	U.S.		WIDOWE		SCED 🔲	Anne A	rundel		Md
rin 2 fille pof fhrn	10. 0	ITY OR TOWN OF DEATH	11 N/	AME OF HOSPITAL OR INS	STITUTION (IF	nat in haspital			nd of wark dane , even if retired.)	12b, KIND OF E	SUSINESS OR
within sell fill ban po		Linthieum		treet oddress) 148 McHeni			Но	usewife		IMPOSITE	
en en en en en	13o. odro	LSUAL RESIDENCE (Where decession) STATE Md.	osed lived, if institut		13c CITY C	i	3d INSIDE CITY JMJT		AND NUMBER	*	
	-			A.A.	Linth		YEZ NO	36 3020,0	McHenry	Dr., 21	.061
nd nd nd	14 1	FATHER'S NAME First	Middle	Lost		IS MOTHER'S MA	AIDEN NAME First		Middle		lost
o u o	L	John		kowiak			Jos	ephine	Mun	dra	
cote Sicio Seo Jeo , on	16a	WAS DECEASED EVER IN U.S. A les, na, ar unknawn) (If yes gri No	RMED_FORCES? • wor or dates of service)	16b SOCIAL SECURITY		INFORMANT		_	Address	979	
phy en l						rs. John	1 A. The	eler -	1148 McH	enry Dr.	ATE INTERVAL
en The		18. CAUSE OF DEATH (Enter PART 1 DEATH WAS CAU	only one cause per lin	april 3		,	_			BETWEEN ON	ISET AND DEATH
end mit.		IMME	DIATE CAUSE (a)	Cerler	いってい	w. he	C. Y.	choed	21	41	(N)
le c peri		4134		IS A CONSEQUENCE OF							
the the material		Conditions, if any, which gav use to immediate cause (o	(0)			····					
re tro		stoting the underlying cous		S A CONSEQUENCE OF							
ires ysic pred rial- rrol,		PART 2 OTHER SIGNIFICANT (, (()	THE TO STATE OUT I	07 DCI 4700	TO THE TENNISH	DISTRICT ADVAN	IDITION OUT IN	L DADY 1/ 1		
D HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exercited within 24 hours to Page 4 may be retained by the hospital or attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove torban papers Pages and the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 nours	N.	PART 2 OTHER SIGNIFICANT (OUDITION? CONTRIBO	TING TO DEATH BUT N	OI KELAIED	TO THE TERMINA	L DISEASE OR CON	IDITION GIVEN IN	I PAKI I(O)		
lov end s be os t	CERTIFICATION	9a DATE OF OPERATION IS	 CONDITION FOR WH 	ICH OPERATION WAS PE	RFORMED	20c. AUTO	PSY?	20b IF YES	S, WERE FINDINGS C	ONSIDERED IN CE	RTIFYING
The start V	E					YES	NO 🗌				
O HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the asthould be filed with the State Dept of Health prior to	MEDICAL CE	21 o. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF D (If either, notify medical exo	(ING 216 TIME OF HOUR A.M P.M.	Month Doy Year		HOW INJURY OCC	URRED (Enter no	ature of injury in	Part 1 or Port 2,	Item 18.)	
YSIO losp cert cert cert cert	AFD.	21d. INJURY OCCURRED 2	e. PLACE OF INJURY	(AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC		LOCATION Stree	of or R F.D No.	City or	Town	County	State
PH he has this efforce of the Deg		at work at work						•	, 1	,	
ING be d tate		22o. I certify that (I) (this hospital) atta	ended the deceos	ed from_	12-17	20, 196	1, to 4	118/, 19.	6d, that	(I) (we) lost
END ned to the Street		22o. I certify that (I) (sow the deceased causes stated abo	olive on	<u>} / / </u>	9_6,0 body ofte	nd that in/(m r death.	y) (our) opinio	on deoth occ	urred on the do	te and hour o	nd from the
Fig. 50 di		22b SIGNATURE/	(10),(1),(110),(110)	(d)d thoty the trime					220	DATE SIGNED	/
OR DE LI		Jun Cy	05 -1	ih low	DE	GREE PHYS	NG MED DIRE	CTOR D S	TAFF HYS.	9/19	168
Pod Pod Pefille		22d. PHYSICIAN S	· · · · · · · · · · · · · · · · · · ·) -) - % Y -	. B.r	22e. ADD		00 D	2 do A	11 1	
TO HOSPITAL OR Page 4 moy be r TO FUNERAL DIRE director, page 3 actional de filed w				Sehlert, J					ington A	V€. /	
FUN Per	33a		D. DATE	23c NAME OF				23d LOCATION ((County)	(State)
CT 2 2 2			9/20/1968	Holy	Cross	Cemete			Hgwy.,A.		Mid .
VR A15 (4)		FUNERAL DIRECTOR	1.001 Pat	ADDRESS	Pal-	ti mora	SEP 2	REGISTRAR 1000	25b REGISTRARS	SIGNATURE	
30M REV 1/68	120	eorge J. Gonce	-4001 ull	cure usala	· Prat	OT HOT &	DARLE	9 1000	* Const	A June	-

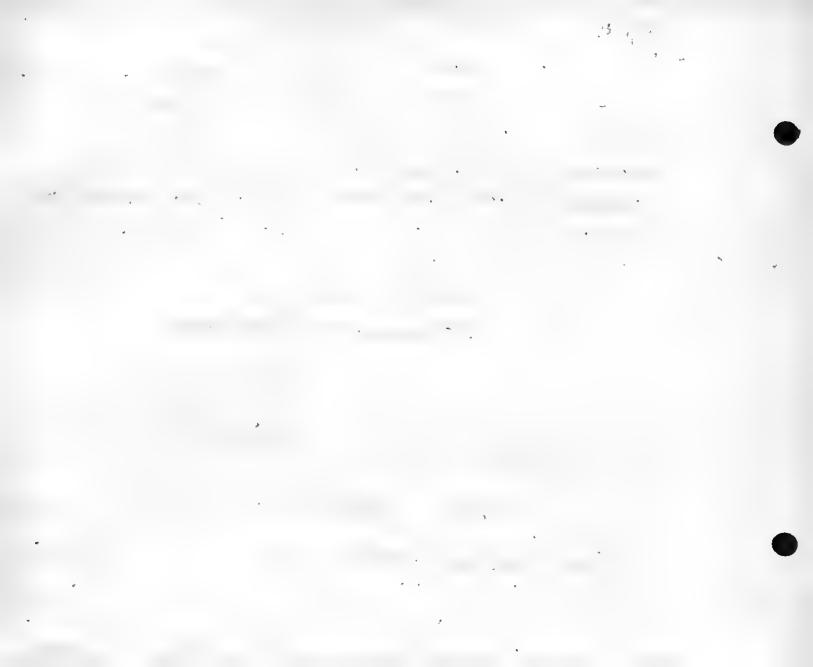
MARYLAND STATE DEPARTMENT OF HEALTH



12					E DEPARTMENT OF		AND 21201		
	12423 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYL						12438		
deoth. neral ond 2 death.		CEASED-NAME First	M. Layne		Last	20 DATE OF DEA Sept.	TH Manth 26 Day	68 Year	2b HOUR 1Q: 4C
s after deol	3 SE	x Fem <u>a</u> le	4. RACE White		S DATE OF BIRTH	2 6.	AGE (In years ast birthday) 45 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
cermicate be executed within 24 hours after deoth. g physician and completely filled in by the tuneral fillen please remove carbon papers. movol, and in any event, within 72 hours after death.	cour	est Virginia	75. CITIZEN OF WHAT COUNTRY? United State	S WIDOWE		9. COUNTY OF DEA	undel		Md
ecuted within 24 completely filled nove carbon pap y event, within 7		ITY OR TOWN OF DEATH. Glen Burnie	II NAME OF HOSP TAI give street address) North Ar	undel Ho	spital dur ng	UAL OCCUPATION (Kr mast of working life, pusewiie	even if retired.)	126 KIND OF E INDUSTRY	
complete ove car	adm	ssion) STATE Maryland	sed lived, if institution Residence to 13b COUNTY Amne Adjunded	Mill	ersville YES 🔲 🛚	NO 2 XXXX	AND NUMBER 35	ZXXXXXXXXX	Road
erimate be exeptively by the control of the control	14	ATHER S NAME First Smith	* * ***	Last	15. MOTHER S MAIDEN NAME	First Osabelle	Middle	Bailev	Last
ign case		WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b. SOCIAL SEC		7. INFORMANT		Address		
hysic Vol.	l l	es, na, ar unknawn) (if yes give y	war or dates of service) //// LINKING	ωп	George Layne	217 Jump	ers Hole		llersvi
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deay certificate be executed within 2 Page 4 may be retained by the hospital or attending physician. TO FUNERAL INVECTOR: After this certificate has been signed by the ottending physician and completely filler director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon par should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within	MEDICINL CERTIFICATION	PART I. DEATH WAS CAUSE IMMEDI. Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT COI 19a. DATE OF OPERATION 19b 21a. ACCIDENT WAS UNDERLYII 21a. ROTHER SIGNIFICANT COI 21a. INJURY OCCURRED 21e while at work 21 work 22o. 1 certify that (1) (1)	DUE TO, OR AS A CONSEQUEN (b) DUE TO, OR AS A CONSEQUEN (c) NDITIONS CONTRIBLTING TO DEATH CONDITION FOR WHICH OPERATION: NG 21b TIME OF INJURY HOUR A.M Manth Day P.M. PLACE OF INJURY AT HOME FARM S OFFICE BUILDING.	CE OF BUT NOT RELATED WAS EERFORMED Year 19 REET FACTORY.) 21f Sceosed from. V the body ofto	20a AUTOPSY? YES NO [HOW INJURY OCCURRED (En LOCATION Street or R.F.D. N Dond that in (my) (our) o er death.	RCONDITION G VEN IN 20b. F YES CAUSES OF ter nature of injury in ta. City ar in to 1 pinion deoth occur	were FINDINGS CODEATH? Part 1 ar Part 2, Town Description on the document of the document o	ONSIDERED IN CE	State (1) (we) lost
TO HOSPITAL OR A Page 4 may be re fine FUNERLINKER director, page 3 should be filled w	23a	22d PHYSICIAN S NAME (Types BURIA., CREMATION, 23b.		ME OF CEMETERY	22e ADDRESS / Glen OR CREMATORY	Burnie.	City or Town)	9/26/ (Caunty)	(Store)
20 NR A15 (A)	24.	REMOVAL GREATURE SE	Singleton F Glen Burnie	penseral	,,_,_,	BY REGISTRAR	en Burni 255. REG STRAR S B		/Land



	MAKTLAND STATE DEPARTMENT OF HEALTH								
	12429 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
A state of the	13	CERTIFICATE OF DEATH							
- 2 ·	T D	CEASED-NAME First	M. ddle	Last	2g DATE OF DEATH	2b HOUR P			
er death. funeral s I and 2 ter death	{	ype or print) Arkie	Stearman	Lee	September 11	1968 2:45 M			
fun 1 c	3 \$		4 RACE	S. DATE OF BIRTH	6 AGE (n years	F UNDER 1 YEAR IF UNDER 24 HRS.			
affe off		MALE	WHITE	5-31-		MONTHS DAYS HOURS MIN			
urs Pa	70		7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED					
hin 24 haurs after c	caq	MRGINIA	11.5 A.	WIDOWED DIVORCED		Lui			
in 24	_	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in haspital 112a	USUAL OCCUPATION (Kind of work done	Md. 12b KIND OF BUSINESS OR			
be executed within 24 haurs after death and campletely taled in by the funeral eremave carbar papers. Pages 1 and 3 in any event, within a higher after death	L	ANNAPOLIS	give street gadress)	dui	ring mast of warking fe, even if retired)	INDUSTRY			
ecuted with	13a	USUAL RESIDENCE (Where decease	d lived, if institution Residence before		DE CITY LIMITS? 13e. STREET AND NUMBER				
we we eve	adm	SSIGN	13b COUNTY F ARUNDEL	MAYD YES	NODI 1606 CLIF	FDRIVE			
s execut and cam remave rany ev	14.	ATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN N	IAME First / Middle	Last			
and and in an	1	HOMEY	The same of the same of	Trifik	1 1 1 1 1 1 1 V	li			
physician en please aval, and i		WAS DECEASED EVER IN U.S. ARMI		NO 17 INFORMANT	Address	- 3			
g physicia Then pleas		es, na, ar unknawn) (III yes give wa	r or dates of service)	73.7 A. Keel 4	C 122 70/12	1,7 /			
equires that the death cert, ficule be executed physician. Signed by the attending physician and camplet burial-transit permit. Then please remave car burial, crematian, or remaval, and in any event		18. CAUSE OF DEATH (Enter on y	ane cause per line far (a), (b), and (c)	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
tures that the death lessivian. Igned by the attending virial-transit permit. The urial, crematian, or reme		PART I DEATH WAS CAUSED	BY. HEPATI	C COMA		BENEFIT STORE MAD DENTE			
de de lifter		I I I I I I I I I I I I I I I I I I I	DUE TO, OR AS A CONSEQUENCE OF	Coronia.					
the of the other		Canditians, if only, which gave		IOMA OF 1	PANCREAS				
hat n. yy fi ansi		nse to immediate cause (a), (stating the underlying cause(DUE TO, OR AS A CONSEQUENCE OF	CHVIII. OI	150000000000000000000000000000000000000				
es t		get.	{c}						
equire physic signe burial		PART 2 OTHER SIGNIFICANT CONT	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1(a)				
w red ding p een s file b		1:1×							
ICIAN: The law requires the pital ar attending physician rificate has been signed by dear use as the burial-tra at Health prior to burial, cre	CERTIFICATION	190. DATE OF OPERATION 196. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 2Do. AUTOPSY?	206. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING			
The ratte e has a lare of the puth by	Ιĕ			YES 🗀	NO CAUSES OF DEATH?				
AN: al ar icate far us Healt		21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	Enter nature of injury in Part 1 or Part 2, It	tem IB.)			
A the state of the	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Manth Day Year P.M. 1						
S PHYSICIAN: The law requires that the death the haspital ar attending physician. This certificate has been signed by the attendin detached far use as the burial-transit permit. The Dept. at Health priar ta burial, cremation, or re	景	21d INTURY OCCURRED 21a I	PLACE OF INJURY (AT HOME, FARM, STREET, FA	TORY.) 21f tOCATION Street or R.I	F.D. Na City or Town	County State			
the the dete		While Not while at work			1/	101			
There of the state		22a. I certify that (I) (this	hospital) attended the deceas	ed from 9.	1968, ta, 1961; r) opinion death occurred on the dat	that (I) (we) last			
ATTENDING etained by th CTOR: After I shauld be d		saw the deceased als	ve an(i) (we) (did) (did not) view the	9 6, and that in (my) (ou	r) opinion death oc cu/red o n the dat	te and hour and from the			
● 計算 5 計畫		22b SIGNATURE	(i) (we) (did)/(did har) view the	body after death.	L 22c B	DATE SIGNED 1. 01			
OR ATTENI be retained DIRECTOR: A je 3 shauld ed with the		The A	11/16. m	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	9/15/1/8			
V by		22d. PHYSICARYS	KINIAMO //	1220 ADDRESC	DIRECTOR PHYS.	41400			
md md KAI		NAME Type) Jesse	L. Wilkins, M.D.		hedral St., Annapoli	s, Md.			
O HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt	23 q	BURIAL, CREMATION, 23b D	ATE	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)			
5 % 0 % 6 % 0	1	REMOVAL (Specify)	ATE 23c NAME OF	· KIL	To A franch	P. T. W.			
VR A15	24	FUNERAL DIRECTOR .	A ADDRESS	25a. F	REC'D BY REGISTRAR 25b. REGISTRAR'S				
30M REV 1/68	mf.	e to the total of	· * · V · · Kh	DATE	SFP 1 8 1968 Action	May Judge			



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 121:0 CERTIFICATE OF DEATH 2b. HOURP Middle Lost 1. DECEASED-NAME 20 DATE OF DEATH signed by the ottending physician and completely filled in by the check buriol-tronsit permit. Then please remove carbon papers. Pages 1 and 2 buriol, cremotion, ar removol, and in any event, within 72 hours after death (Type or print) Month LE TOURNEAU Rodolphe 1968 Roger September 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF I NOFR 1 YEAR E JINOFR 24 HRS lost hirthdoy) MONTHS ! DAYS HOURS Male White Oct. 3, 1936 70 BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED XX NEVER MARRIED "Rhode Island U.S. DIVORCED [WIDOWED | Anne Arundel 10 CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during Mast of working life eyen is retired.) give street address) HIDLSTRY Annapolis Gen. Hospital Anne Arundel DING 13a. USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13c CITY OR TOWN 13e STREET AND NUMBER odmission) STATE Anne 20 Silopanna Road Arundel Annapolis 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First First Middle requires that the death certificate be DURVIEAL 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17, INFORMANI Address Yes, no , ar unknawn) (If was give wor or dates of service) DUP. N. FALL APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY Cerebral hemorrhage, acute 8 hours DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gave) Hypertension, chronic, cause undetermined 13 years rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept of Health prior to None 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, natify medical examiner) (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21a, PLACE OF INJURY City or Town State Caunty While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased fram Sept. 11 , 1968 , to Sept. 11 , 1968 , that (I) pas) last saw the deceased alive an September 11 1968, and that in (my) total apinion death occurred on the date and hour and from the causes stated above, (I) (add) (did) (22b. SIGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR September 11. '68 DEGREE PHYS PHYS 22e. ADDRESS 22d. PHYSICIAN'S Charles W. Kinzer, M. D. 16 Murray Ave., Annapolis, Md. 21401 NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23b. DATE KDCATION (City or Town) 25b Milanla &

. . 7. 15

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12441 CERTIFICATE OF DEATH 20 DATE OF DEATH DECEASED-NAME First Last 2b. HOUR within 24 haurs after death. Sept. (Type or print) Liss Louis 4 RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 3. SEX lost birthday) Feb. 12, 1913 male cauc. 75 CIT ZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign MARRIED | XNEVER MARRIED | country) = USA Mass. WIDOWED [DIVORCED [Anne Arundel burial, crematian, or removal, and in any event, within 72 and campletely filled remave carban pape 120 USUAL OCCUPATION (Kind of work done IQ CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito 12h KIND OF BUSINESS OR during most af warking life, even if retired.)
NSOCE CITY LIM. IS? | 13e STREET AND NUMBER give street address) Annacolis Anne Arundel General 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13b COUNTY requires that the death certificate be execut 710 Americana Dei Lost IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME αnd Max Minnie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT 11413 Rolling House Rd. Yes, na, ar unknown) (If yes give war or dates of service) Rockville . ud. 026 09 BETWEEN OWSET AND DEAT IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove t burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Heaith priar to l TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Stote Street or R.F.D. No. City or Town County While Nat while at work 220. I certify that (I) (this hospital) attended the deceosed from \$\frac{1}{2}\$, 1968; to \$\frac{1}{2}\$, 1968; to \$\frac{1}{2}\$, 1968 and that in (my) (aur) apinion death accurred on the date and hour ond from the causes stated above, (I) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED **ATTENDING** DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S cHURCH. NAME (Type) 230 BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) Kne seth Israel Amnamolis 25g REC'D BY REGISTRAR Hopping. 1968 30M REV. HOPPING FUNERAL HOME - Annapolis. Md.



MAKTLANU STATE DEPAKTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 12433 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN	ID 21201
FOR STATE Item#6, FilmGh05 10 MEDICALMEXAMINER'S CERTIFICATE OF DEATH	16115
HEALTH DEPT. 1 DECEASED-NAME First Middle Lost 20	DATE KNOWN Month Doy Year 2b HOUR
	OF ESTI- DEATH MATED 9 23 165 N
Dec 24, 1907 Dec 2	DATE PRONOUNCED DEAD Month Doy > 3 Yeo To F M
70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY	OF DEATH
washington b. C. U.S.A. Whome Whome	M. Co. M.
DOE S	ATION (Kind of work done 12b K ND OF BUS NESS OR orking life, even if retired) INDUSTRY C Fireman
and a son State and Was countries Contracte Riverdale VES VINO 15	e. STREET AND NUMBER 5707 66 th avenue
14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Margaret.	Middle Lost
	Quill
Patrick Lynch 16a. Was Deceased Ever in U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 579 36 9464 Catherine F Lynch	ADDRESS Riverdale, Md.
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) ond (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. (c) (c)	APPROXIMATE INTERVAL BETWEEN ONST AND DEATH
196. CONDITION FOR WHICH OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Doy, Year 216 HOW INJURY OCCURRED (Enter noture of	20 AJTOPSY? YES □ NO 🌠
DDIMARY COR CONTRIBUTING CO. HOURS AN	
21d INJURY OCCURRED 21d INJURY OCCURRED WHILE AT WORK AT WORK 21e PLACE OF INJURY (At home, form, street, form, street, at work at	City or Town County State
22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspect death resulted fram Natural causes, Accident, Suicide, Hamicide, CHIEF MEDICAL EXAMINER	9/33/6/
230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d 10d	CATION (City or Town) (County) (State)
DEALONA (Specific)	Washington D. C.
VR A15ME (5) 10M REV 1/48 24 FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md. DATESEP 2 6	1968 Climber Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECFASED NAME First Middle Last 29-DATE OF DEATH 2b HOUR ges I ond 2 after death. 24 hours after death funerol (Type or print) 20 Month Year Day Jehn Mever 1968 6:301 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (n years IF JNDER YEAR IF UNDER 24 HRS last birthday)
74 YRS MONTHS DAYS HOURS 2-5-94 White 7a B.RTHPLACE (State or foreign 9. COUNTY OF DEATH 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED country) WID®WED [DIVORCED [Maryland U.S. Anne Arundel rsician and completely filled please remove corban pale director, page 3 should be detoched for use os the burial-transit perhalt. Then please remove corbon pal should be filed with the State Dept. of Health prior to burial, cremotion, or removal, ond in any event, within 10 CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR rtificate be executed within during most of working life, even if retired.) give street address) **INDUSTRY** Glen Burnie North Arundel Hosp: armer 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY YES [NO C 9 Box 15 21122 Pasedena 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Mrddle Last Last Meier Regina Mayer John C IAL SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address (If yes give war or dates of service) Yes, no, ar unknown) 13 Mrs. Margaret G. Meyer. 5ame 85 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Canditians, if any, which gave) signed by the burial-transit p rise to immed ate couse (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Poge 4 may be retained by the hospital or attending **IO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES X 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJRY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 218 PLACE OF INJURY (AT HOME FARM, STREET FACTORY.) 21f. LOCATION Street of R.F.D. No State 21d. INJURY OCCURRED City or Town County While Not while at work OR ATTENDING 22a. I certify that (1) (this haspital) attended the elecased from saw the deceased glive on 11 2 (a.s. 19 saw the deceased alive , and that in (my) (aur) apinian death accurred on the date and haur and fram the couses stated above, (IV (we) (did) (did not) view the body after death. 22b. SIGNATUR 22c DATE SIGNED **ATTENDING** MED DIRECTOR DEGREE 22d PHYSIC AN 22e ADDRESS NAME (Type (State) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) 23a BURIAL, CREMATION 23b DATE (County) REMOVAL (Specify) Baltimore, AA Co., Cedar Hill Cemetery 19 Sept. 68 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Kirkley Funeral Home, Glen Burnie, Md. 1968 DATE SEP 1 30M REV. 1



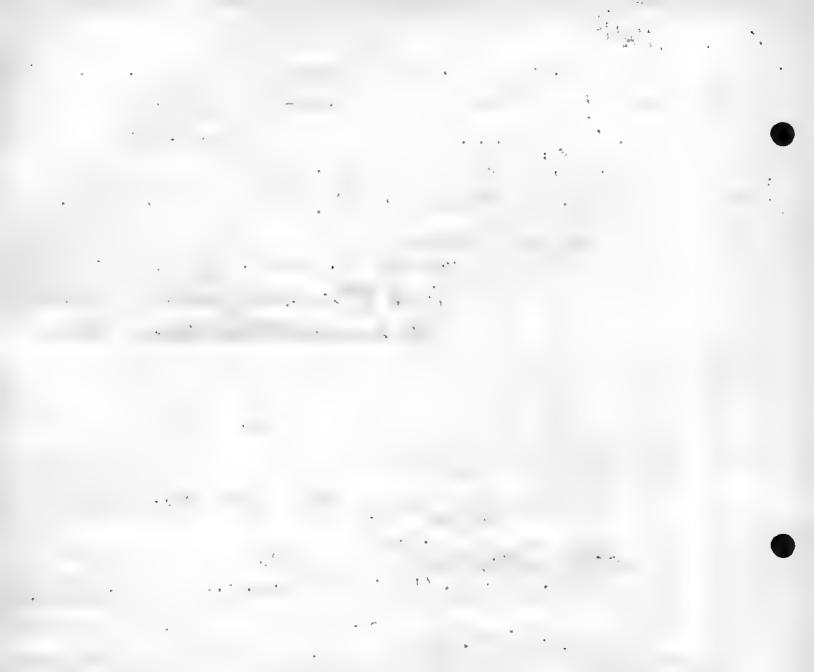
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 124201 12435 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) PLACE OF DEATH o. COUNTY o. STATE b/ COUNTY Anne Arundel 24 hours ofter filled in by the I 15 yrs c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Laurel Washington. mos. papers hin 72 ha d NAME OF HOSPITAL OR INSTITUTION (If not in hospito,, give street oddress) d. STREET ADDRESS e IS RESIDENC ON A FARM? NO [YES 🗔 Children's Center Hospital 2619 13th 3. NAME OF 4. DATE Doy Year DECEASED (Type or print) DEATH James Timothy IF UNDER 1 YEAR S SEX 9 AGE (In years 6 COLOR OR RACE 7. MARRIED NEVER MARRIED remove birthdoy) Months Days Hours any WIDOWED DIVORCED 9/19/50 Male Negro

100 USUAL OCCUPATION (Give kind of work done oud 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 C TIZEN OF WHAT requires that the death certificate be during most of working life, even if retired) COUNTRY? INDUSTRY please Institutionalized Washington, D.
14 MOTHERS MAIDEN NAME TISA 13 FATHER S NAME Deceased (unknown) James Edward Mials 17. INFORMANT 15 WAS DECEASED EVER IN ... S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address Laurel. (Yes, no, or unknown) If fives give wor or dates of service) Children's Center Hospital. No None INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)) burial-transit DISET AND DEATH PART L DEATH WAS CAUSED BY Asphyxia, due to aspiration of vamitus IMMEDIATE CAUSE (o) __ signed by DUE TO Conditions, if ony, which gove Mental retardation, severe rise to immediate couse (a), **DUE TO** Microcephalic, cerebral diplegia stating the underlying couse TO FUNERAL DIRECTOR: After this certificate has been the Convulsive disorder: hyperthyroidism PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? USE NO K YES Ē 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MFD.CAL 20d INJURY OCCURRED 20s PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c TIME OF INJURY Month, Dov. Year Not While foctory, street, office bldg , etc.) should be 53 to 9/3/ , 19 60 that (i) (we) 103.

The state of the s 21. I certify that (I) (this haspital) ottended the deceased fram, 68 and that death occurred of saw the deceased alive on_ 220. SIGNATURE 22b. DATE SIGNED ATTENDING MED.
DIRECTOR M.D. PHYS **PHYS** 22d ADDRESS Children's Center Hospital 22c. PHYSICIAN'S NAME (Type) Boyland James E._ directar, 230 BURIAL, CREMATION, REMOVAL (Specify) BURIAL. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) Children's Center Laurel Md. 250. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Michaelas VR AT 1968 DeWitt Donaldson, Laurel, Md. 20 M 1X66



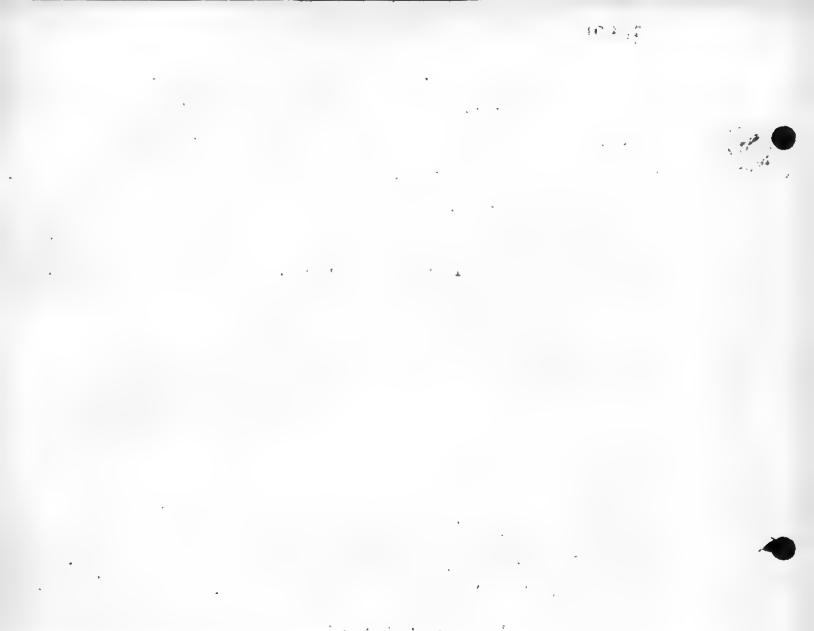
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12436 CERTIFICATE OF DEATH 1, DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b H027 death. (Type or print) Stephen John Mlynarczyk after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. Male White 6-20-10 within 24 haurs 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 8. MARRIED . NEVER MARRIED country) Mass. Anne Arundel U.S.A. WIDOWED DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 1D. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR during most of working life, even "firetired") INDUSTRY Glen Burnie, Hosp. 130. JSUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13d INS OF C Fngineer Westinohouse signed by the attending physician and campets burial-transit permit. Then please reme<u>ve cart</u> burial, crematian, ar remaval, and in any event, 13e STREET AND NUMBER requires that the death certificate be executed 13b COUNTY ne Arundel Md. Jerlyn Ave. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle LOST Mlynarczyk (unknown) (Unknown) Marv 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Same as Yes no or unknown) 015-03-7083 Mrs. Amelia M. Mlynarczyk (wife) is. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise ta immediate cause (a). Page 4 may be retained by the haspital or attending physician. stating the underlying couse(PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been be detached for use as the State Dept. af Health priar ta 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 206. # YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? NO INT YES [210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, not fy medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at work 22a. I certify that (I) (this hospital) attended the accessed from _______, 196--, to ______, 196--, to ______, that (I) (we) hast sow the deceased alive on _______, 196--, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) did not) view the body after death. 22b, SIGNATURA ATTENDING DEGREE DIRECTOR 22e ADDRESS 22d PHYSIC ANS Hilary O'Herliby Hosp.Dr..Suite 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d LOCATION (City or Town) (County) REMOVAL (Specify) tery Brooklyn RFN Maryland
250 REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE Holy Cross Cemetery 24. FUNERAL DIRECTOR Singleton Girn Burnie, Md. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 🛊 🥠 🛊 🖫 CERTIFICATE OF DEATH Lost 20. DATE OF DEATH DECEASED-NAME First 2b. HOUR after death (Type or print) Sept Robert (N.M.I.) Morris Doy 1968 IF UNDER 1 YEAR 4. RACE S DATE OF BIRTH 6 AGE (n years IF UNDER 24 HRS. 3. SEX 11/10/20 Male White lost birthdoy) ve corbon popers Pag event, within 72 hours law requires that the death certificate be executed within 24 hours 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (State or foreign 8 MARRIED XNEVER MARRIED country) ' , / oad completely filled in Anne Arundel WIDOWED | DIVORCED [] 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 125 KIND OF BUSINESS OR Anne Arundel Gen. Hosp during most of warking fe, even if retired) INDUSTRY Annapolis 130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN OTHER CITY LIMITS? COUNTY Anne Arrandel FES NO 13e STREET AND NUMBER odmission) STATE Maryland 13b COUNTY Anne Broadwater Road ton 14 FATHERS NAME IS MOTHER'S MAIDEN NAME First please no ond in a 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b SOCIAL SECURITY NO Address Yes, no. or unknown) cremotion, or remov 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))
PART I DEATH WAS CAUSED BY
IMMEDIATE CAUSE (o) Stroke BETWEEN ONSET AND CEATH signed by the ottendii buriol-tronsit permit. One week 4120 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) h) Hypertensive cardiovascular disease vears rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse lost. 4271 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) os the prior to b Also had acute myocardial infarction TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? XX NO 📉 ed for use of Health p YES 🗍 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year no accident (If either, natify medical examiner) P.M with the Stote Dept 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. City or Town County Stote While Not while of work 220 I certify that (I) Attachospoot attended the deceased from November, 1967, to 9/17/68, 19 saw the deceased alive on 9/17/68 19, and that in (my) four population death occurred on the data ____, that (1) (week lost ___, and that in (my) topr) opinion death occurred on the date and hour and from the couses stated above () (we) (did) (drover) view the body ofter deoth. 22c DATE SIGNED 9/18/68 22b SIGNATURE **ATTENDING** DIRECTOR DEGREE 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) Charles H. Wirth, M.D. Lothian, Maryland 23s NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 235 DATE (County) (Stote) 230 BURIAL, CREMATION REMOVAL (Specify) 2So. REC'D BY REGISTRAR 2Sb. REG STRAR'S SIGNATURE **FUNERAL DIRECTOR** VR A15.[4] DATE SFP 1968







	_	1	1					DEPARTMENT				
The state of the s	1			12440	DIVISION OF			reston street CATE OF DE		, MARYLAND 21201	13	1.50
	~ -		1 DF	CEASED-NAME First		Middle	CLIVIIII	Lost		ATE OF DEATH		2b. HOUR
400	百里意			vpe or print)					200	Month	Doy Year	
å			3 SE	Edith	4. RACE	Jesnett	.0	North S DATE OF BIRTH		Sept. 30.	1968 IF UNDER 1 YEAR	5: 15 M
100	N. S.		3 36							last birthdoy)	MONTHS DAYS	HOURS MIN.
31.5	Pag urs		70 0	Female IRTHPLACE (State or foreign	7b. CITIZEN OF W		10	3-17-2		ITY OF DEATH	is.	
P E	in by		נטטר	try)				NEVER MAR RIED				
24	filled i		10 0	Maryland TY OR TOWN OF DEATH	U.S.A	YAME OF HOSPITAL OR IN	WIDOWED			<u>ne Arundel</u> PATION (Kind of work dan	Table was Ar	Md.
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death be retained by the hospital or attending physician.	<u> </u>	4	10. C	Glen Burnie	aive	street oddress)		d	during most of w	arking ife, even if retired tousewite	12b KIND OF 1NDUSTRY	BUSINESS OR
- P	opd complete remove con			USUAL RESIDENCE (Where deceos	ed lived, if institu			R FOWN 13d IF	NSIGE CITY LIMITS?	13e. STREET AND NUMBER		
a di	remove control	(A	odmi	sion) STATE 	13b COUNTY	Amandal	Pasa	dens.	□ NO [X]	808 220th St.		
exe		- 1	14. F	ATHER'S NAME First	Middle	Lost		5 MOTHER S MAIDEN		Middle		Last
pe o	9			Arza	A	Somer	В	Ma	rgaret		Schl	ev
e	signed by the ottending physicion of burial-transit permit. Then please burial, cremotion, or removol, and in		160	WAS DECEASED EVER IN U.S. ARA		16b. SOCIAL SECURITY		INFORMANT		Address		sadena,
ifice	ysi o l		Y	es, na, ar unknawn) (II yes give v	rot or dates of service)	213-20-0	31 8	Mr. Edwa	rd H. No	rth 808 2	20th St.	Md.
Cert	her nov			1B CAUSE OF DEATH (Enter on	ly one coute ner	pe for (a), (b) and (c)			-1		APPROX I	MATE INTERVAL
€	dind			PART 1 DEATH WAS CAUSE) BY		7/ /		17		BETWEEN CI	INSET AND DEATH
de	permit ion, or			1MMEDI/	ATE CAUSE (a)	Ctobal	Kise, L	Mcci x	1141			
<u>e</u>	e o			Canditions, if any, which gave		AS A CONSEQUENCE OF						
₺ .	nsil m			rise to immediate cause (a),	(0)	AS A CONSEQUENCE OF	0 17 14.	M. ·				
t s	signed by the ottend burial-transit permit burial, cremotion, or r			stating the underlying cause last.		ASIA CONSCIDENCE OF	t					
aire	rial			PART 2 OTHER SIGNIFICANT COL	(c)	LITING TO DEATH BUT A	OF DELATED	TO THE TERMINAL DIST	CASE OD COMPLTIO	N CIVEN IN BART IV-A		
D L	Sic			Z Z / V	C. C. C.	UTING TO DEATH BUT A	Y KELAIED	TO THE TERMINAL DIST	EASE OKTORDITIO	N GIYEN IN PAKT +(0)		
ĕ÷	the		NO	19a. DATE OF OPERATION 19b.	CONDITION FOR IN	HICH OPERATION WAS PE	NO OF THE		/ /	20b. 1F YES, WERE FINDING	CONCIDENCE IN C	ERTITATION
ten ten	has been se as the h prior to)	CERTIFICATION	170. DATE OF OPERATION 170.	COMPITION FOR WI	HILT OFERATION WAS PE	Krukmeu	20a. AUTOPSY?		CAUSES OF DEATH?	S CONSIDERED IN CE	KIIFIING
上 5	e h use	у.	ERTI	210 ACCIDENT WAS UNDERLYIN	C last vitic o	Se muney	In.	YES	ио 🔼			
AN	for He			OR CONTRIBUTING TO CAUSE OF DEAT	HOUR A.M.			10W INJURY OCCURRE	th (thier nature	of injury in Part 1 or Part	2 Item 18)	
SICI	ed in		MEDICAL	(If either, notify medical exami-	ner) P.M.	1	9					
¥å	och ept		2	21d INJURY OCCURRED 21e.	PLACE OF INJURY	(AT HOME, FARM, STREET, FA	CTORY.] 21f. (OCATION Street or I	R.F D. No.	City or Tawn	County	State
മ എ —	det de D			al wask of walk				7 26	11	1 2 1	C 8	A
Ž,	Start Start			22a. I certify that (I) (th	is haspital) at	tended the deceas	ed_trom_	30.		0 7 20	19 <u>61</u> , that	(1) (we) last
E EN	he he			saw the deceased a payers stated above	live an	(did not) view the	hady after	id that in (my) (a	our) apinian a	eath(accurred an the	date and haur	and fram the
T ioi	5 5 5			22b SIGNATURE D	, (1) (110) (010)	(did fidi) view the	budy difer	deum.	/	2:	2c. DATE_SIGNED	10
28 9	₩ % %			(41)	17.		DEG	REE PHYS	MED DIRECTOR	STAFF D	1-31	CX
	oge file			22d PHYSICANS			1	22e ADDRESS	# / 1		20.	30 7
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the	for Euneral DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	[NAME (Type) ALE	JAND	RO MION	ITOYA	707	Cld A	mapelis	Kd.,6/e	n Dury
HO HO	FUN Feet Feet		23a	BUR AL, CREMATION, 23b		23c NAME OF				LOCATION (City or Town)	(County)	(Stote)
200	5 2 2	K		REMOVA (Specify)	10/4/68		Haven	Memorial	Park G	len Burnie,	Md. A. A	. Co.
	VR A15 (4)	MI	24	EUNERAL DIRECTOR		ADDRESS		2Sa	REC'D BY REGIS'	FRAR 2Sb REGISTRA	IR S SIGNATURE	
	30M REV 1X	9	1	n Clally Tun	we House	37 Patepso	o Ave	. 21 225 DAT	TE OCT.	2 1968 20	liarles &	nelgh.





.

· ,

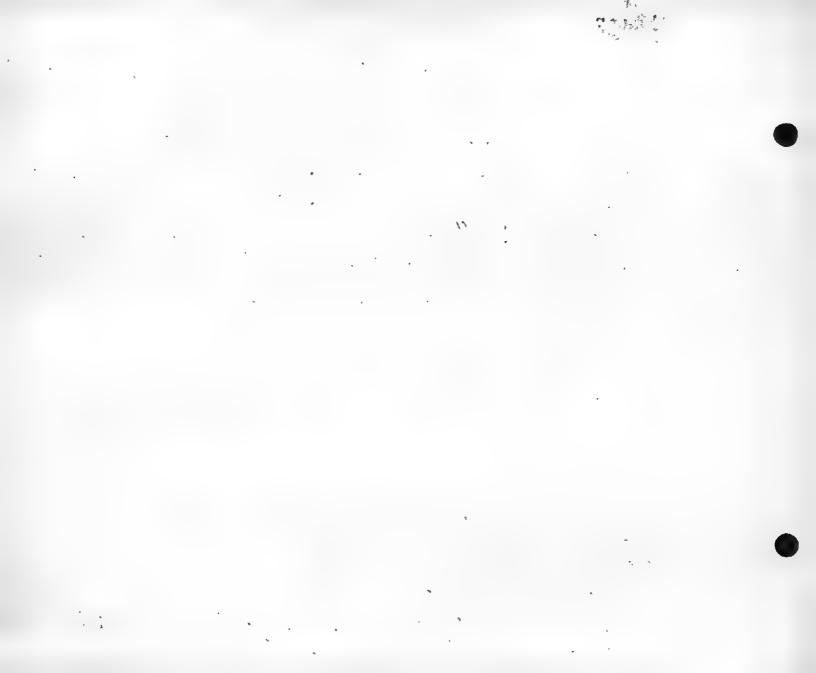
. •

.

٠.

•

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12453 CERTIFICATE OF DEATH 2b HOURA Middle 2a DATE OF DEATH DECEASED NAME First Last within 24 hours ofter death PARKS (Type or print) Cecillia Month Inez September 3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years last birthday) White Female March 4, 1909 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) bon papers within 72 h fylled in Anne Arundel U.S. DIVORCED X Maryland ID CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPAT ON (Kind of work done 12b KIND OF BUSINESS OR Anne Arundel during most of warking life, even if retired) Gen. Hosp. Annapolis director, page 3 shauld be detached far use as the buital-transit permit. Then please remave Carb shauld be filed with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, 13a. USJAL RESIDENCE (Where deceased lived, if institut an Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 34 INSIDE CITY LIMITS? requires that the death certificate be executed Walvert Compo admission) STAJE Nary Land YES X NO Broomes Is. 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First Middle Lost 90059 35m9 m physician 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANI Address Yes, no, grunknown) (If yes give wor or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line_for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave; rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) has been 19g DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO 🔀 TO FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CALSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street of R.F.D. No 21d. INJURY OCCURRED 218 PLACE OF INJURY City or Town County State While | Not while at work ot wark 1965 to 22a. I certify that (I) (this haspital) attended the deceased from. saw the deceased alive on. .1962, and that in (my) (point on death occurred on the date and hour and from the be retained (did) (did view the body ofter deoth. couses stated above, (I) (1969) 224 SIGNATURE 22c DATE SIGNED MED DIRECTOR DEGREE PHYS 22e ADDRESS PHYSICIAN'S 23b DATE NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION REMOVAL (Specify) 2Sb REGISTRAR S SIGNATUR 24. FUNERAL DIRECTOR

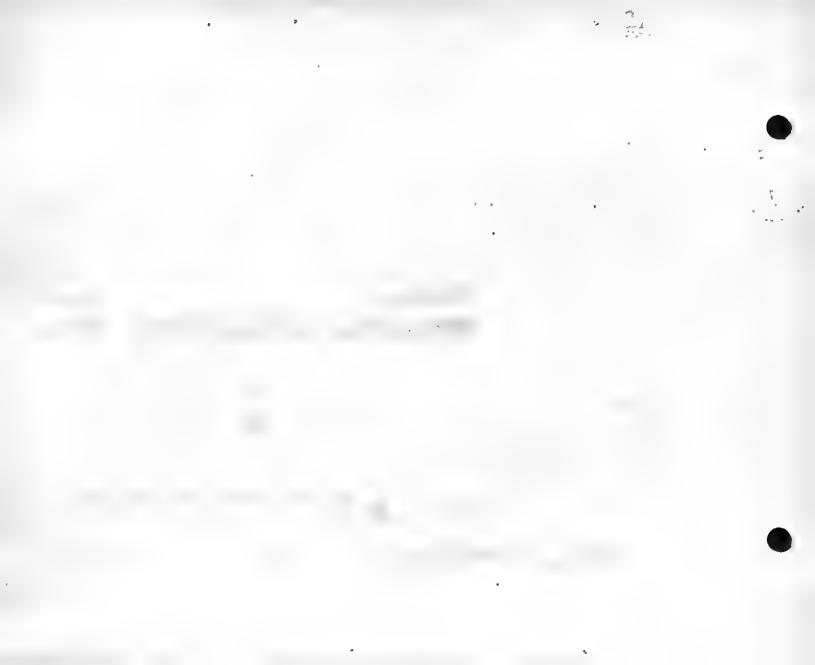


1		MAKTLAND STATE DETAKIMENT OF HEALTH	
TE		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12151	
FIE Frat	1 5		
EPI.		DECEASED NAME Tirst Madle Partsamore 20 DATE KNOWN Month Day Year (Type or Print)	2b HOUR
		TOUL CHILDEN THERETHERE DEATH MATER 7	
	3 5		2d. HOUR
	_	M w 3/16/23 45 VRS	/ / M
	7a	BIRTHP_ACE (State at fareign 76 CTIZEN OF WHAT COUNTRY? 8. MARR ED NEVER MARRIED 9 COUNTY OF DEATH	
	L	ntry) Va. USA WIDOWED DIVORCED	Mo
107	10 (CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b Kind OF BU	JS NESS OR
1		waspalis - 10 give street address) por flance flanchel. gen. during most of working life, even if retired.) INDUSTRY Defense	e Dept.
-	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before) 3c CITY OR TOWN 13d INSIGE CITY LMISS? 13e STREET AND NUMBER	
5	0	odmission) STATE Va. 13b. COUNTY Alexandria YES XI NO . 214 Green St.	
4	14 F	FATHER'S HAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lo	ost
		Paul J. Parramore Jane Oliver	
		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	Va.
	(Y	Yes, no, or unknown) (15 occupant or software) Mrs. Mary L. Parramore, 214 Green St.,	Alex.
		APPROX MA	ITE INTERVAL
		PART I DEATH WAS CAUSED BY:	ET AND DEATH
		DUE TO, OR AS A CONSEQUENCE OF	1
		Candifrons, if any, which gave	in
		rise to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
		PART 2 OTHER S GNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
		THE TOTAL TOTAL CONDITIONS CONTINUES NO TO DESIGN AST NOT RECEIVED TO THE SEXIMANE DISEASE OR COMP HOW GIVEN IN PART 1(0)	
	TON	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 120 AUTOP	SY?
2(FICA	WAS PERFORMED?	
	CERTIFICATION	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)	1 110/53
	3	PRIMARY OR CONTRIBUTING HOUR A.M	
	MED.	CAUSE OF DEATH P.M. 19 [21d INJURY OCCURRED 21e PLACE OF thuRY (At hame, farm, street, 21t LOCAT ON Street or R.F.D. No. City or Town County	State
		WHILE NOT WHILE AT WORK AT WORK	31016
		220. I certify that I took charge of the remains described above, held an Autapsy, Inspection, Inquiry	my apinion
		death resulted from Natural causes 🔀 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌	
		ACTUAL CHIEF MEDICAL EXAMINER COL DAYE COURSE	
		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L. 220 DATE SIGNAL	
1		EXAMINER'S DEPUTY MEDICAL EXAMINER A PITCO	
,		NAME (Type) F. Liss BACCET ' ADDRESS (Street, cty, town, of county) AMCC	
	23a	PEMOVA: (Sparsty)	(Stote)
		Burial 9/4/68 St. Mary's Cemetery Alexandria, Va.	
	24	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR 5 SIGNATURE CED 5 1968 (Cleanifes Union	642
		If The CEP 5 1968 Collarles Ind	The same of the sa



***	dent.	- 1			D STATE DEPARTMENT OF H		
24	1	- 1		DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	
fo.	'		12445		ERTIFICATE OF DEATH		12155
leoth.	and 2 death.		DECEASED-NAME (Type or print) Howard	August Pippig, Sr.	Lost	20 DATE OF DEATH Month September	Year 25. HOUR 11. 1968 M
Executed within 24 hours after death			Male	4. RACE Cau	June 30, 18	6 AGE (n years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS M.N.
haurs	A 3		o BIRTHPLACE (Stote or foreign Baltimore, Md.	75 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED DIVORCED DIVORCED	Anne Arundel	
thin 24	ly fulled 'In on bappy, with him to be a second to		O. CITY OR TOWN OF DEATH Annapolis, Md.	11. NAME OF HOSPITAL OR INS	TITUTION (II not in hospital 120 USUA during mg	t OCCUPATION (Kind of work done ost of working ife, even if retired)	12b, KIND OF BUSINESS OR INDUSTRY
ted wit	carb ent,	.0	_	sed lived, if institution: Residence before	13c CITY OR TOWN 13d INSIDE CITY UI	achinist -Ket.	Hardware Man Epping Forest
.0	- 4/2 2		FATHER'S NAME First	Anne Amindel Middle Last	Annapolis IS MOTHER'S MA DEN NAME F		Rarthelomey
l e	T p F is		August	Pippig WED FORCES? 166 SOCIAL SECURITY N	Lena Lena	Address	Barthelom
tificat	physical hen plea noval, an		16a WAS DECEASED EVER IN J.S. AR Yes no, or unknown) (11 yes give	var or dates of service) 216 93 872	0 1 711 4	Epping Forest,	
ATTENDING PHYSICIAN: The law requires that the death certifical	pnysician. signed by the attending*phys) burial-transit permit Then pl burial, crematian, ar removal,		PART I DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE OF	per ageta	sc/FROSIS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH O HOUSE AND DEATH
requires tha	attenaing physician. has been signed by se as the burial-tran ih priar ta burial, cren		stating the <u>underlying cause</u> last PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF (c) NOTIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL D SEASE OR C	ONDITION GIVEN IN PART I(a)	,
The law	by the hospital ar attending After this certificate has been be detached far use as the State Dept, of Health priar ta	X		CONDITION FOR WHICH OPERATION WAS PER	RFORMED 200: AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
ICIAN:	orfal ar tificate d far u af Heal		S OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Doy Year		nature of injury in Port 1 or Port 2,	!tem 18.)
PHYS	by the haspital fter this certifica be detached fai State Dept. af He		While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	,		Caunty State
TENDING	ned by the SKE. After auld be do the State		22a. I certify that (i) (the saw the deceased of	nis haspital) attended the decease alive anl e(1) (we) (did) (did nat) view the	ed fram JUNE, 1969 9 GB, and that in (my) (our) opi bady after death.	Y, ta // SEPT, 19 nian death accurred an the d	that (I) (we) last ate and haur and from the
8	Fage 4 may be retained by the hospital ar **O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shou'd be filed with the State Dept. of Healt	1	226 SIGNATURE COLUGE 211 PAYSICIAN'S NAME (Type)	ref Spece		ED STAFF 2200 RECTOR PHYS. C	DATE SIGNED
O HOSPITAL	Page 4 may FUNERAL director, pag should be fi		230 BURIAL, CREMATION, 23b.	DATE 227 NAME OF	CEMETERY OR CREMATORY	23d LOCAT ON (City or Town)	(Caunty), (State)
2	~		REMOVAL (Specify) 9- 3urual 9- 24 FJNERA, DIRECTOR	16-1968 Baltim	ne National Genetical	Trederick Koad Y REGISTRAR _ 25b REGISTRAR	Bulty-Mcl
	30M REV 1/6	A	Edw. S. Mac No	elt-3017 reducit K	U-21278 DATE SE	P 1 7 1968 gelie	mas Judge







	1	MAK STATE DEPARTMENT OF HEALTH
		12443 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
death.		SEASED NAME OF ZYMNSKI FORTH MACHINE 20 DATE OF DEATH. 20 DATE OF DEATH 20 120 HOUR SEPTEMBER 29 120/8 1.30 PM
offer c	3 SE	X A. 4 RACE Caucavier S/12/99 6 AGE (10 years / F JHOEN 14 PER 24 HRS OFT DAYS HOURS MIN)
Z hauss	7o.	SIRTHPIACE Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 79 COUNTRY OF DEATH
thin 24, filled in paper	10	HTTOR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR during the execution of a execution of
ruted within 24 for after death manual states of the funeral sylection paper. Pages 1 and 2 years, within 72 haurs after death		SUAL RESIDENCE Where deceased hyed, if instituting Residence before 13c, GTY OR/TOWN 13d IMSDE CITY LIM TS? 13e STREET AND NUMBER 155100) STATE 10 12 12 12 12 12 12 12 12 12 12 12 12 12
be executed withing and completely fit and complete	14.	ATHER'S NAME First Middle Last 17 IS MOTHER'S MAIDEN NAME First Middle Last
an Se cia	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 16th SECURITY NO 17 INFORMANT (1'yes give war or dates at service) 2114-10-07-07 ARCORD
phy:		es, na, ar unknown) (1 yes give war or dates at service) 2/7-18-9799 ARCORDS - COUNSVINE JISTE HOSSING.
sath ce riding out Th		18 CAUSE OF DEATH (Enter only one couse per sine for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) APPLICATION BETWEEN OWST AND DEATH COMPENSATION.
equires that the death certificate physician. signed by the attending physicial burial-transit permit Then please burial, cremation, ar remaval, and		Conditions, if any, which gave) DUE 10, OR AGA CONSEQUENCE OF Conditions, if any, which gave)
es that ician. ed by t all-trans		stating the underlying cause last consequence of Arterioscleratic andia Vascular Disease.
require g phys n signe e burio o burio		PART 2. OTHER, SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OPTONDITION GIVEN IN PART 1(0)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. af Health priar to burial, creashauld be filed with the State Dept.	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY YES NO (XI)
T a b a b a b a b a b a b a b a b a b a	CERTI	23a ACCIDENT WAS UNDERLYING 23b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18)
SICIAN Spital artifica ed for ed for	MEDICAL	Concontributing Cause of Death Hour A.M. Manth Day Year (If either, natify medical examiner) P.M. 19
S PHY:	*	21d IN. URY OCCURRED While Not while of work of the Building, ETC. All HOME, FARM, STREET, FACTORY, 1 21f LOCATION Street or R.F.D. No. City or Town County State Office Building, ETC.
NDING ed by the After id be		22a. I certify that (I) (this hospital) attended the deceased from 4.2., 19.00., to 4.4., 19.00., that (I) (we) last saw the deceased clive an 4.2.4. 19.00., and that in (my) (our) opinion death occurred on the date and hour and from the
RECTOR:		causes stated above. (1) (we) fold? (did not) view the body after death 22b SIGNATURE 25 ATTENDING MED. STAFF POLY 22c DATE SIGNED 20/60
TAL OF AL DIR Poge		22d. PASSICIANS DIRECTOR, PHYS. 22e, ADDRESS PHYS DIRECTOR, PHYS. 22e, ADDRESS
A r v VER.	_	
Page Page 10 Ful direc shau	230.	BURAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OF CREMATORY, Com. 23d LOCATION (City or Town) (County) (State) BURAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OF CREMATORY, Baltimore, Md.
VR A15 (1) 30M REV (X8)		FUNERAL DIRECTOR The Matthews, 3021 Eastern Avenue DADCT 2 1968 Clearly Quese

1 1/1 1



	1	0		MA	KILANU SIAIE DE	PAKIMENI OF H	EALIH		
	1 /2		12450	DIVISION OF VITAL RE	CORDS, 301 W. PRES	TON STREET, BALTI	MORE, MARYLAND 21	201	7 ~
	" "	CERTIFICATE OF DEATH						12	± 50
	New /		concep using				A		
	# - F E		CEASED-NAME First ype ar print)	Mid	die O ·	Lost	20 DATE OF DEATH	Doy C Year /	2b. HOUR
	e e e	,	ype ar print) COR	A (.	KIL	see	Septemberry	DOY 2 1801 C	015 A.M
	27 0	3 5	X _	4. RACE	5. 1	DATE OF BIRTH	6 AGE (in ye	eors IF UNDER ! YEAR	IF UNDER 24 HRS.
	the the ages		temple	WHITE	o, A	DAY 14, 188	last birthdo	YRS. MONTHS DAYS	HOURS AHN.
	hours of the service	70	SIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY			9. COUNTY OF DEATH	/ TR3.	
		COL	try) 1 * w	11 0	MAKKIED	DETER PROBREGUE	INNE AKUN	od Count	4.
			011-011-011	1.4.2N	WIDOWED X			OCC CINENT	
		10.	ITY OR TOWN OF DEATH	11 NAME OF HOSP	ITAL OR INSTITUTION (if not in	hospital 120 USUA	L OCCUPATION (Kind of wor st of working life, even if re	k done 12b. KIND OF etired) INDUSTRY	F BUSINESS OR
-		16	en burnie	CONTER	HOSD. Neive	3. S.	st of working fire, even if the	anrea) INDUSTRY	
	orbon mt, went	30.	LSUAL RESIDENCE (Where decease	sed fived, if institution. Resident	te before 113c CITY OR TOV		TS? 13e. STREET AND NUM	ABER	
	we cor	adm	ssion) STATE	136 COUNTY BALTA	notee BALTIMOI		1 2600 CH	elsea Terr	ACC.
	8 5 5 C	14	ATHER'S NAME First	Middle		OTHER'S MAIDEN NAME SH	/ 2.1	liddle	
	ond compression on ony eve	1	NITICK 3 IDEAL FIEL	Middle	200	UTREK'S MAIDEN HAME TH	123	.idule	Lost
	98 5	L.	John		NPRR	SUSAN	L/N7	ON	0
	are		WAS DECEASED EVER IN U.S. AR! es. no. or unknown) (*yes give v	and the state of t	SECURITY NO 17 INFO		Ac	ddress	2100
	The law requires that the death certificate be exequted attending physician. Hos been signed by the attending physician and compose os the burial-transit permit. Then please remove the prior to burial, cremation, or removal, and in any every		es, no, or unknown)	d/4-2	29564-TRich	ARD RIDER	300 FERNANCE	AUR GLEN	BURNIE MI
	The D		18 CAUSE OF DEATH (Enter or	nly one cause per one for (a), (b	1 and (c))				IMATE INTERVAL ONSET AND DEATH
	attending permit. The		PART 1. DEATH WAS CAUSE	D 8Y:	0			DELWEEN C	JUSEL WHO DEATH
	attendi attendi permit.	1	IMMEDI	ATE CAUSE (a)CG/TC	xure won	RAA	•		
	pe at non	1	Cardia Contact	DUE TO, OR AS A CONSEQ	NEWČE OŁ	1 -(-(n) to	page 1		
	quires that th physician. signed by the burial-transit burial, cremotin	1	Conditions, if any, which gave tise to immediate cause (a),	(b) all	neular	Silvellal	ron ,		
	하다 수 하고	1	stating the underlying cause	DUE TO, OR AS A CONSEQ	UENCE OF	. V			
	equires physicic signed burial-ti burial-ti	1	lost de al	(0) Dia	vetes Moll	ites			
	equires physici signed burial-i burial,		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO TH	E TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(a		
	2 L S L S C C C C C C C C C C C C C C C C		Dona & Com	total all	(1) K	recorder	6 000 11.		
	dw rading obeen the the	10	190. DATE OF OPERATION 195	COND LION FOR WHICH OPERATION	NAS DEDENOMED	20a. AUTOPSY?	20b IF YES, WERE IN	OUGALUS .	EDTIEVING
	The law reathending hos been se os the hhororto	ā	2 21-18 1	- 1\ -11-4	greve		CAUSES OF DEATH?	IDINOS TONSIDERED IN C	CKIII INCO
		CERTIFICATION	7-21-60	0					
	IAN: Tolor or ficore for us		210 ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CON		21c HOW I	NJERY OCCURRED (Enter	nature of injury in Part 1 ar	Part 2, Item 18)	
		징	(If either, not fy medical exami		19				
	G PHYSICIAN: the hospitol or this cert ficote detoched for . e Dept. of Heo	岩	21d INJURY OCCURRED 21e		A, STREET, FACTORY. 21f LOCAT	ION Street or R.F.D. Na	City or Town	County	State
	PH et step et	i	While Not while at work	& OFFICE SOULDIE	rs, ER.				
	७ ∓ _ ₽ ₽			is haspital) attanded the	decoused from	V. 7.0 197	V to 4-6	10 / 9 that	t (II) (use) last
	TENDING ined by the OR: After ould be do		22a. I certify that (i) (the saw the deceased a	iliva on 9-11	- 19 6 8 and th	at in (my) (aur) apur	ian death accurred an	the date and hour	and from the
	R: 4		causes stated above	llive an 9-4 e, (I) (we) (did) (did nat) v	new the body after dea	th.	IIOII OCUIII OCCOII CO (II	the date dila high	did itali ile
1	ATE Stand		22b SIGNATURE		,			22c DATE SIGNED	
	OR ATTENDIN be retained by NRECTOR: After e 3 should be ed with the Sta	L	120	OP X	A DEGREE	ATTENDING ME	ED STAFF PHYS	9 9 1	2
		1	22d. PHYSICIAN S	or C. yauns	A. D DEOREE	22e. ADDRESS	KECLOK - SH17 -	1 7 - 1 - 6	0
	SAL SAL		DIAME (Towns)	NDO C. RAH	100 11 1	arundel	Hadieal A.	1 2-6	11100
	10 HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with the		0		105 M·D·		near any	Mr. Kitche	o berely serve
	H Age Signer Sig	230.	BURIAL, CREMATION, 23b.	DATE 23c	NAME OF CEMETERY OR CRE	MATORY	23d LOCATION (City or Toy	vn) ↓ (County)	(Stoffe)
	5 5 5 0 ()	1	ORIAL.	-12-68 4	RRAINE (1	melery	DALTIMO	RC / MEN.	
	VR A S-LAN	24	FUNERAL DIRECTOR	1 ,	ADDRESS / //	2So, REC'D BY	REGISTRAR 256. REG	SISTRAR'S SIGNATURE	
	30M REVITOR	1	115WORTHHRI	mAcost . 4600	LIBERTY HE	ht-stores as	D 1 0 1968	Icharles &	noge
		_							

AR APAUL ANDS





1 1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR A PATE		12452 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12463
HEALTH DEFT.			OY YEOT 25 HOUR
iny delay is 1, 2, and 3 to im PM3. Page Department of	3 S	4. RACE S. DATE OF BIRTH 3-14-14 6. AGE (In years if JINDER 14 HRS IF UNDER 24 HRS 2C. DATE PRONOUNCED DEAD Months DAYS HOURS MIN Month 9 Doy 5	Yeor 2d HOUR
igrm P		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH ONLY) altomal R. G. WIDOWED DIVORCED 7. A. CO	Md
after death B. Gwe Pages I., algag with farm with the State De eath	9	Ten Burne give street oddress, plh. ARUNDEL during most of working ife, even fretired) IN	RE KIND OF BUSINESS OR IDUSTRY
u = Z = 0		USUA. RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? 13e STREET AND NUMBER Jamission) STATE Michigan Laure L. YES NO 188 CTALL	Drine
24 haurs in Item It is Office es land?		FATHER'S NAME First Middle Rodolles and First Middle Rodolles and J. Middle	Edding
within 24 n pencil in Examiner's File pages 172 havrs		WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown) (1 was give were capates of separa) 156 SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no, or unknown) 15 - 26 - 06 2 and through the separation of separation	Bre-16602
should be executed within 24 ne ward "pending" in pencil in to the Chief Medical Examiner's puriol-transit permit. Fite pages in any event within 72 haurs		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Conditions to immediate cause (a), stating the underlying cause lost	BITWEEN ONSET AND OF THE
freate sing the ded to ded to as a b 1, and	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This c ficate, l be fai ld be u ar rem	CERTIFICATION	WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item	YES NO
EXAMINER: T cute the certifica age 4 shauld b r yaur files. Page 3 should I, crematian, ar	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED WHILE AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK AT WORK P.M. 19 21f LOCATION Street or R F.D. No. City or Town City or Town	County State
rty please executy, please executeral director Page be retained far part at DIRECTOR: Pariar to burial,		L EXAMINER'S	and in my opinion
TO DEPUTY necessary, the funero 5 may be TO FUNERA Health pi	230 Re	BENOV(8) (Specify)	County) (State)
VR A15ME (5)		H.W. Jenkins & Sons Co. 4905 York Rd. Date SEP 5 1968	GNATURE Judge





	lt.	4		ND STATE DEPARTMENT		
		12454	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET	T, BALTIMORE, MARYLAND 21201	4/28/25
The state of the s		10202		CERTIFICATE OF DE	ATH	12464
7 7 4			irst Middle	Lost	20 DATE OF DEATH	2b. HOUR∆
er death funerol l ond er death	0	ype or print) Ro	ose M.	ROHR	Month Doy	68x 10:35
fun er o	3 SE	X	4 RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
ours after death				10-13	3-1900 lost birthdoy) YRS	MONTHS DAYS HOURS MIN
on is		SIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	A 40111111 AT 1111111	
24 hours after death	coul	N. YDEK	11,5.	WIDOWED D VORCED		ounty Md.
in Sala	10 (ITY OR TOWN OF DEATH	11, NAME OF HOSPITAL OR		12o. USUAL OCCUPATION (Kind of work done during mast/of work polife, even if thered)	126, KIND OF BUSINESS OR
cuted within ompletely fill, we corbon prevent, without	H	WNApohis	HALGEN	FICH LIOSPIO	HOME WITE	HOME
equires that the death certificate be executed will physician. signed by the ottending physician and completely burial-tronsit permit. Then please remove carbo burial, cremation, or removol, and in any event, w	13o odm	LSUAL RESIDENCE (Where decorsion) STATE A	eosed lived, if institution Residence before	e 13c CITY OR TOWN 13d III	INSIDE CTY LIMITS? 13e STREET AND NUMBER	21
Com	<u></u>	John,	7.17	HUNH PORIS .	A GU LIST)7
rem rem	14	ATHERS HAME First	Middle Control	IS. MOTHER S MAIDEN		r03ţ
an ar and in nd in	140	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL SECURIT	Y NO 17 INFORMANT	1ABIA Address	
rerrifical by physician please provol, and		es, ng, granknown) (II yes gi	eve wor or dates of service)	PLEXANDER	Palle To #13	
ph Ten Jove	H	N V			2110110 (JE. 401)	APPROX MATE INTERVAL
中 声 .		PART I. DEATH WAS CAU	only one couse per ne for (a), (b), and uSED BY:			BETWEEN ONSET AND DEATH
ottendin permit.		I CH I V	EDIATE CAUSE (a)	8//		
he of he he		Conditions, if any, which go	DUE TO, OR AS A CONSEQUENCE (1.10	
at the the nsit p		nse to immediate cause (a	0). (0)			
the standard the s		stating the underlying cou-	DUE TO, OR AS A CONSEQUENCE ()F		
equires that the physician. sigmed by the burial-tronsit purial.			CONDITIONS CONTRIBUTING TO DEATH BUT	MOT DE ATEN TO THE TERMINAL D.C.	CALL TOAD ALL MANNO HO TIGHIOO DO 22A22	
The law requires that the death certifica ottending physician. hos been sigmed by the ottending physic ise os the burial-tronsit permit. Then ple th prior to burial, cremation, or removal, ox.			Person contributing to bear But	edr Leath	SEASE ORCONDITION GIVEN IN PART I(0)	
din been the	NO.	1 / -	9b. CONDITION FOR WHICH OPERATION WAS		20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
x price	CERTIFICATION			YES 🗀	NO CAUSES OF DEATH?	
or or us	EE	210 ACC DENT WAS UNDER.	YING 216 TIME OF INJURY		ED (Enter pature of injury in Port 1 or Port 2, I	tem 18.)
CAD Infection	MEDICAL	☐ OR CONTRIBUTING ☐ CAUSE OF ((If either, notify medical exc			, , , , ,	,
YSI nosp cert chec	MEE	21d INJURY OCCURRED 12		FACTORY,) 21f LOCATION Street or	R F D No City or Town	County State
TENDING PHYSICIAN: The law refined by the hospital or ottending DR. After this certificate hos been ould be detached for use os the the State Dept. of Health prior to		While Not while of work				
ING by t fter be c		22a, I certify that (I)	(this haspital) attended the decea	ised from 4/12	_, 19 <u>CY</u> , ta <u> 7//3</u> , 19_	28 , that (1) (we) last
END Sed L Pe S		saw the deceased	d alive an	_19 <u>~ ~</u> , and that in (my) (a	, 19 <u></u>	te and hour and from the
Tip of the		22b. SIGNATURE	uve, (1) (we) (ala) (ala hai) view ii	e dady offer death.		PATE SIGNED
OR / be re OIREC ed w		1.6	Eren'	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	9/13/64
AL O		22d. PHYSICIAN S		22e. ADDRESS		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been sigmed by director, page 3 should be detached for use as the burial-transpanded by the should be filed with the State Dept. of Health prior to burial, creating the state Dept. of Health prior to burial, creating the state Dept.		NAME (Type) Rob	ert O. Biern, M. D	121	Cathedral Street, Anna	polis, Md.
HO.	230	BURIAL, CREMATION, 23	3b DATE 23c NAME (OF CEMETERY OR CREMATORY	23d) LOCAT ON (City or Town)	(State)
26 2 2 3	K	REMOVAL (Spediy)	1-17-68 St.	MARYS	HUN Apolis	H.H. MD.
VR AIS NI 30M REV 168	<u>1</u> 4.	FUNERAL DIRECTOR	ADDRE	1. 2000	REC'D BY REGISTRAR S	
30M REV√i/øli	17	hur IVI, Yorte	ISTAIN UMAPO	Us / Male DAT	TE SEP 1 8 1968 gclia	May Judge



			5 - 2			STATE DEPARTMENT				
Samuel Committee of the			12455	DIVISION OF VITAL		1 W. PRESTON STREET		IARYLAND 21201	14	165
						RTIFICATE OF DE			1.4	
after death.			EASED NAME First pe or print) Ame	// 1	Middle	ROSE	2a. DATS	of DEATH Month 29 D	9 68 Year	26. HOUR A
after after		3 SEX	MALE	1 RACE CAUC.		5 DATE OF BIRTH	5, 1897	6. AGE (In years last buthcay) YRS	IF UNDER EYEAR MONTHS DAYS	HOURS MAIN,
Day thou		7a B	RTHPLACE (State or foreign	76. CITIZEN OF WHAT COUN		MARRIED NEVER MARRIED VIDOWED DIVORCED	9. COUNTY	ne Aruna	le/	Md
cuted within 22 smpletely filied ve carban pap event, within 7		10. (1	The Town of DEATH	11 NAME OF H				ION (Kind of work dane washife even if retired)		BUSINESS OR
executed within 24 hours after death completely filted in transfer honeral smave carban papers. Soggs 1 and 2 any event, within 72 hours after death		13a l admis	JSUAL RESIDENCE (Where deceasion) STATE	sed lived it institution fees	dence before 13	77.3	NO NO	STREET AND NUMBER	Drive	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
De execut n and comp e-femave	'	14. F/	THERS NAME First Tose	Ph Middle	Pose	15. MOTHER S MAIDEN	NAME First	Middle		Last
hysicial n pleas		16a Ye	WAS DECEASED EVER IN U.S. ARV	MED FORCES? war or dates of service)	CIAL SECURITY NO.	17 INFORMANT EUZ M	ae Resu	Address	413	
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exectly and be retained by the hospital ar attending physician. • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and condinector, page 3 should be detached far use as the burial-transit permit. Then please-femal should be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any should be filed with the State Dept.			18. CAUSE OF DEATH (Enter or PART DEATH WAS CAUSE IMMEDI.	DUE TO, OP AS A CON	NEY. SE ISEQUENCE OF IROCITHI	PTICEMIA Z ASIS & PYE	SHOCK RONEPHA	8/7/3	APPROX. BETWEEN C	MATE INTERVAL SMISET AND DEATH HHKS YYGGAS
OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the je 3 shauld be detached for use as the burial-transit ed with the State Dept. af Health priar ta burial, tremat			PART 2 OTHER SIGNIFICANT CONDINABETES ME	(c)	DEATH BUT NOT	RELATED TO THE TERMINAL DIS CONSERSE - 3) CO	EASE OR CONDITION OF	IVEN IN PART 1(0) TEAILURE	Y)CA P	POSTATE
The law attendi has be se as the	* ,	CERTIFICATION	9a, DATE OF OPERATION 19b.	CONDITION FOR WHICH OPER			20t	IF YES, WERE FINDINGS USES OF DEATH?		
ICIAN: pital ar rificate d far u af Heal		3	? Ia ACCIDENT WAS UNDERLYIF	iner) HOUR A.M. Manth	Day Year	21c HOW INJURY OCCURRE	D (Enter nature of	njury in Part 1 or Part 2	2, Item 18.)	
pHYS he hosp this cel detache e Dept.	1	WE	21d. INJURY OCCURRED 21e. While Nat while at wark	. PLACE OF INJURY (AT HOME, OFFICE BE	, FARM, STREET, FACTOR URDING, ETC	2) 21f LOCATION Street or	R F,D Na.	City or Town	County	State
Page 4 may be retained by the hospital. The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priarta			22a. I certify that (1) (the	nis hospital) attended talive an Color (did no	the deceased 196 t) view the ba	Kom # 2 8 2 , and that in (my) (4 dy after death.	, 19 <u>68</u> , ta_ pur) apınian deal	h accurred an the c	9 <u>08</u> , that date and haur	(1) (we) last and from the
OR AT be retain DIRECTO		1	22 / SIGNATURE / Vec	tous	mo	DEGREE PHYS	DIRECTOR [STAFF 220	Q-2G	68
TO HOSPITAL of Page 4 may b TO FUNERAL D director, page , should be file			22ď. PHYŠICIAN'S NAME (Type)			22e ADDRESS	st De.	AWNAPO	43,1	10.
TO HO Page TO FUI direc	- 1	May.	REMOVAL (Specify)	DATE 1962 2	11/1/10	ETERY OR CHEMATORY	ery Hin.	ATION (City or Town)	(County)	(State)
VR A 5 00 1 30M REV 1	0	14	UNERAL DIRECTOR	Extres (ADDRESS		RÉC D BY REGISTRAI	25b. REG STRAR		LAR.



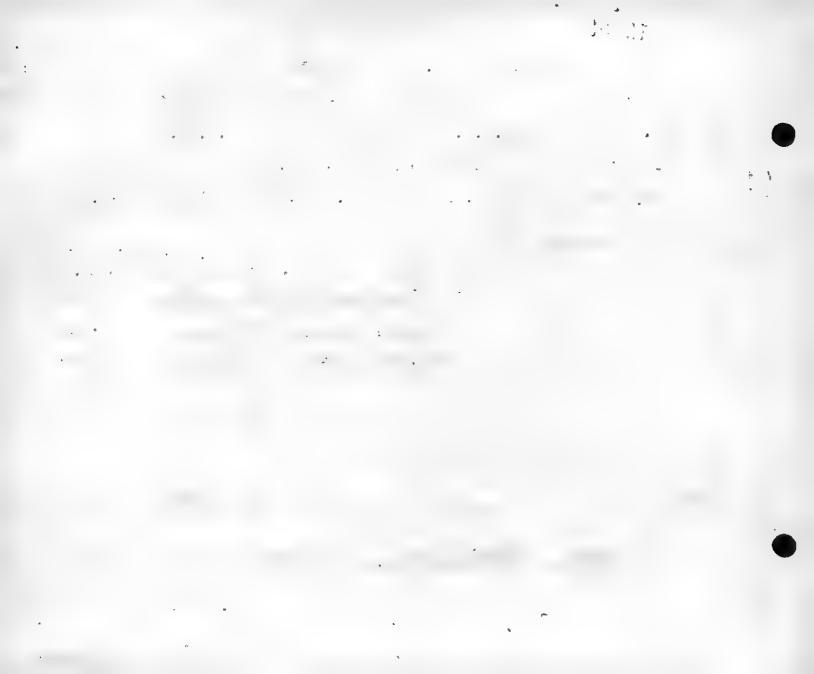
E	1	,		NO STATE DEPARTMENT OF		
-1		10000	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAI		11.4.2.2
		12456		CERTIFICATE OF DEATH		15466
deoth. nerol ond 2 deoth.		CEASED NAME First ype or pnnt)	Middle	Co last	2a DATE OF DEATH Month	Doy Yeor Zb. HOUR
er deoth funerol 1 ond er deoth	3. SE	MAT	T RACE	5. DATE OF BIRTH	Sept.	15 JNOER 1 YEAR OF LINOER 24 HRS.
offer offer	1 ~	- A	KACE L		6. AGE (In years last birthday)	MONTHS DAYS HOURS MIN
SE COLE	10	SIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		9. COUNTY OF DEATH	5.
2 E 22	cani	try)	115 1	8. MARRIED NEVER MARRIED X	an Co	** 1
fille fille	10 (NEW YORK	11 NAME OF HOSPITAL OR I	<u> </u>	SUAL OCCUPATION (Kind of work don	e 12b. KIND OF BUSINESS OR
ere be executed within 24 hours after deoth clar ond completely filled in by he funeral lease remove carbon papers. Pages 1 and 2 and in any event, within 72 hours after death	m	Masuille	give street address)	during during	mast of working life, eyen if retired	
cuted within mpletely for corbon event, with	130	USUAL RESIDENCE (Where deceo	ed lived, if institution: Residence before	13c, CITY OR TOWN 13d INSIDE OT	Y LUMUTS? 130. STREET AND NUMBER	
executed within and completely firemove corban a constant only event, with	adm	ssion) STATE	13b. COUNTY A. CO	Glanturie YES	NO 1 5- FIX T. AUX	e (MARlay)
ond co	14 1	ATHER'S NAME / First	Midale Lost	IS MOTHER'S MAIDEN NAME		Lost
\$ \$ \$ \$ \$.	L	V Am-E	S SAF	ey	GNKNOWN	
	16a. Y	WAS DECEASED EVER IN U.S. ARI es, na, ar unknown) (II yes give	WED FORCES? 16b SOCIAL SECURITY	Y NO. 17 INFORMANT	Address	1
			212-54-9	148 KAE V. JM	17- 400 Ba	APPROX MATE INTERVAL
te death ce attending p permit. The		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ry ane cause per line for (a), (b), and (b)	a to	hi heart cleves	BETWEEN ONSET AND DEATH
dear tenc rmit , or		IMMEDI	ATE CAUSE (a) C 2 22 22 4	y ce va de o se a a	the heart cline	in Jakan
the of the tion		Conditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE O	F	•	6
s that the cian. d by the l-transit p, crematin.		rise to immediate cause (o),	(b) DUE TO, OR AS A CONSEQUENCE O	L		
quires tho physician. signed by burial-tron		stating the underlying couse last.	(d)			
equire physical signed burial		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE O	RCONDITION GIVEN IN PART 1(o)	
	_	4201	-	2ms-		
the low recottending that been the as the happing the XX	ATIO	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	PERFORMED 20g. AUTOPSY?	206. IF YES, WERE FINDING	S CONSIDERED IN CERTIFYING
X The season of	CERTIFICATION			YES NO	CAUSES OF DEATH?	
IAN: The low related or oftending frate has been sfor use as the freath prior to b		21 d. ACCIDENT WAS UNDERLYII OR CONTRIBUTING CAUSE OF DEA			iter nature of injury in Part I or Part	2, Item 18.)
rysicial rospitol certific ched fo pt. of He	MEDICA.	(If either, notify medical exami	ner) P.M	19		
S PHYSICIAN: The low requires that the death certifuse hospital or offending physician. This certificate has been signed by the attending phy detached for use as the burial-transit permit. Then e Dept. of Health prior to burial, cremation, or remova	=		PLACE OF INJURY (AT HOME FARM, STREET OFFICE BUILDING ETC.	FACTORY,) 21f. LOCATION Street of R.F.D. !	No. C ty ar Tawn	County State
		OLMON GLANGIK	المساف المام المسافية المسافية	and from 27/15 10	6/10 1/20	19 68 , that (1) (we) last
		saw the deceased o	is hospital) attended the decea	_19 🚱 and that in (my) (our) a		
A ATTENI retoined ECTOR: A 3 should with the		causes stated abov	e, (I) (we) (did) (did nat) view th	e bady after death.		
With With		22b SIGNATURE	4.11.	ATTENDING 2	MED STAFF	COATE SIGNED
L OR be r DIRE		22d. PHYSICIAN'S	July lin 181.	DEGREE PHYS	DIRECTOR PHYS.	4/30/63
Poge 4 may be retained of FUNERAL DIRECTOR: director, page 3 should should be filed with the		NAME (Type)	MELFUG-HLIN	22e. ADDRESS 7/6.	rutain Ad Th	Lalling, 12d
HOSI UNE CCTO	23a		DATE 23c NAME O	F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
ro Hos Poge 4 Poge 4 pdrect shoul	(RINCE 1	0/2/1968 River	view Compteny	ChAR lottowil	le Vai
VR A15 (4)	24.	FUNERAL DIRECTOR P	ware, ADDRES	SS ZSa REC'E		R'S SIGNATURE
30M REV. 1/68	2	ngleton Func	ensel Home / Clor	BURNE MG DECT	1 1900 1000	nes Judge



1	1245	*	DIVISION O			DEPARIME RESTON STRE		LTH RE, MARYLAND :	21201	107	
	TOBO	6			CERTIFI	CATE OF D	EATH		1 4	7138	
1	(Type or print)	WILLIA.	.4	F Dans	()	SchAGE,		DATE OF DEATH	Day	Year	2b. HOUR
3	SEX	WILL-IH	4 RACE	E DOM		S. DATE OF BIRT		6. AGE fin	to hipe.	IF UNDER I YEAR	IF UNDER 24 HRS.
	1,Ale		wh.	ite		Dec 11,		last both		MONTHS DAYS	HOURS MIN
70	BIRTHPLACE (S	late or foreign		WHAT COUNTRY?		NEVER MARRI	ED 9 CC	OUNTY OF DEATH	,	,	
	DA//	OE DEATH	US	NAME OF HOSPITAL OR	WIDOWED			CUPATION (Kind of w		7 7 7 7 7	Md.
(Flen	Burnie	giv	e street address)	ome Dr			warking life, even il	ret red.)	12b KIND OF B INDUSTRY	nainear ak
13	lo. USUAL RESIDI Imission) STATI	NCE (Where deceas	ied lived, if instit	underen Desidence hade	re 13c CITY O	R TOWN 13	E INSIDE CITY JAM TS?	13e STREET AND N	UMBER	. Auc	1887.10
14	. FATHER S NAM	E First	Middle	Last	1	S. MOTHER S MAIL	EN NAME First	<u> </u>	Middle		Last
	1 11114 Pre-	Thomas	UED PAD CEAR	SCHAE			Clari	9 Ec	IA.	BA	Rhour -
E	6a. WAS DECEASI Yes, no, or unki	D EVER IN U.S. ARA	NED EORCE25	16b. SOCIAL SECURI 2/5-03-6		INFORMANT L', lliam	Edwar 1	Sharte	Address	5/1 5/A	this eDi
	18 CAUSE (OF DEATH (Enter an	ly one couse per	line for (a) (b) and		CIUMM	- Couly a	3.7/198 /- 11	r Je	APPROXIM	ATE INTERVAL SET AND DEATH
	PART I.	DEATH WAS CAUSED	D BY- ATE CAUSE (a)		Tunio.	to 1	BrAIN			F.3.	1968
	160	1	DUE TO, OF	R AS A CONSEQUENCE	- artific					- ,	
	rise ta smm	fany, which gave) ediate cause (a), ((p)	Lung	CAnce	+				July	1963
	stating the last.	underlying cause	DUE 10, OF	R AS A CONSÉQUENCE	DF .						
	PART 2 OTH	ER SIGNIFICANT CON		BUTING TO DEATH BUT	NOT RELATED 1	O THE TERMINAL O	DISEASE OR CONDIT	TION GIVEN IN PART 1	(a)		
-	5/63×			NON	E						
10 0 700	19a. DATE OF	OPERATION 19b.	CONDITION FOR V	VHICH OPERATION WAS	PERFORMED	20a AUTOPS		20b. IF YES, WERE CAUSES OF DEATH?		NSIDERED IN CER	TIFYING
Army II	19a. DATE OF	NT WAS UNDERLYIN	IG 215 TIME	OF INJURY	21, 1	YES T	NO Enter note	re of injury in Part)		tem 181	
	€ □ OR CONTRIB	ITING CAUSE OF DEAT	HOUR A.M	I. Month Day Ye	ar 19	IIIIIII VILLII	į Linai naio	an infant in rant)	errenta, II	VIII. 10.7	
AAFF	White N	OCCUPPED 214	PLACE OF INJURY	(AT HOME FARM STREET, OFFICE BUILDING, ETC.		OCATION Street	ar R.F.D. Na.	City or Town		County	State
	22o. I cer	tify that (I) (th	is hospital) o	ttended the dece	sed from	ep 24	, 1963	, to sep 2	مر , 19 و	€8_, thot	(I) (we) last
	saw	the deceased a esistated above	live on	4 (dialogat) view th	_19 <u>⊌&</u> , ar ie badv after	d that in (my) death.	(our) opinian	, to <u>sep. 2</u> death occurred o	in the dot	e and hour o	nd from the
	22b. SIGNATU			2010					22c D	ATE SIGNED	1134
ı			ukly	111~	DEG	11113		OR STAFF] 25	Sep 1963	. /-H, 1
	22d. PHYSICI NAME (T.C	Cullis	MD	22e. ADDRE		55,011H 6	Builde	re,	
23	BURIAL, CREM	MAT ON, 23b, I	DATE	1 (/)	OF CEMETERY OF	1/ 1/	2 230	LOCATION (City of T	own)	(County)	(State)
).	REMOVAL (SE 4. FUNERAL DIRE	1111	Ep1.28		THINE		So. REC'D BY REG	By/tile	C/C. EGISTRAR'S S	CICNATURE	Mcl.
,00	Relit	Pulace	SIL	agleten Fun	the Har	74- 1	DATE SEP 2			Man O	Lug.



/ 1 1			DIV		D STATE DEPARTME			
' '		12458	νIV	VISION OF VITAL RECORDS, (ERTIFICATE OF D	-	MAKILAND 21201	12468 p
and 2 death.		CEASED-NAME Firs Pe or print) E 6	it	h E.	Scher		9 Month 1 3Doy	68 ^{Year} 2b. HOUR 11:4,5
ages s oft	SEX	Female		White	S DATE OF BIRT 9-27-		6. AGE (In years lost buthday) YRS.	FUNDER I YEAR OF UNDER 24 HRS. MONTHS DAYS HOURS MIN
21 12	18	RTHPLACE (State or fore gn	7b. C	U.S.A.	8 MARRIED NEVER MARR WIDOWED DIVORC	ED A.	A.Co.	Md.
G	1	ry or town of death en Burnie		NotretoHressArun	TITUTION (If not in hospital del Hospital	12a USUAL OCCUPA Juning most of wor	TION (Kind of work done king life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
- 13 13	0	SUAL RESIDENCE (Where decederated)	sed livi	ed, finstitution Residence before BETTO. City	Balto. City	NO 10	632 Light S	St.
7 14	1. F/	ATHER'S NAME First		Middle Lost	IS. MOTHER'S MAII	DEN NAME First	Middle	Lost
16		WILLIAM WAS DECEASED EVER IN U.S. AR s, na, ar unknawn) (If yos gwa	MED FO	AVES DRCES? 16b. SOCIAL SECURITY IN 216 The lat	O. 17 INFORMANT	Schorer	24 Crain ^{Add} High	way SW
Shaula be tilea with the State Dept. at neatin prior ta burial, demotian, ar femoval, and in any event,		- for	D BY: ATE CAI I NDITIOI	USE (a) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			` '	APPROXIMATE INTERVA. BETWEEN ONSET AND DEATH 3 44 243 443 443 443 444 445 445 4
7. CENTRICAT				ITION FOR WHICH OPERATION WAS PER	YES 🗀	No G	DL IF YES, WERE FINDINGS CO AUSES OF DEATH?	
MEDICAL CE	3	21a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE (If either, natify medical exam	TH ner)	216 TIME OF INJURY HOUR A.M. Month Day Year P.M. 19			f injury in Part 1 or Part 2, It	
2		While Nat while of work		OF INJURY (AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.	Λ.	or R.F.D. No	City or Town	County State
		220. I certify that (I) (the saw the deceased causes st g ted above.	iis ho: ilive d e, (I)	spitol) attended the decease anl' (we) (did) (did nat) view the l	d from 722 and that in (my) addy after death.	, 19 <i>24</i> , to) (aur) opinian dec	ath occurred on the dot	e and hour and from the
		22b SIGNATURE	/	nateslat	DEGREE PHYS	MED DIRECTOR		ATE SIGNED
ld be fi	i.	22d. PHYSICIAN'S NAME (Type)			22a. AgiDRI			
	1	REMOVAL (Specify)	DATE/	7/68 Ced.	EMETERY OR CHEMATORY	Gle	KATION (City or Town)	(County) (State)
18 24		ELUIS BE	E	Feet fre	NY //	rso, rec'd by Registr Date SEP 1.7	1988 REGISTRAR'S S	rles Judge



The state of the s	t .	•			EPARTMENT OF HE			1/2
All rate		12459	DIVISION OF VITAL RECORDS,	301 W. PRE	STON STREET, BALTIN	NORE, MARYLAND 21	201	
		TWAOH		CERTIFICA	TE OF DEATH		100	100
F # N-E		ECEASED NAME First	M.ddle		Lost	20 DATE OF DEATH		2b, HOUR
1 まりま	,	lype or print) Bertha	K	Se	ebo	9/2/68 Month	Doy Year	5:55an
	3. 5	X	4. RACE	5	DATE OF BIRTH	6 AGE (In ye	OFS IF UNDER 1 YEAR	IF UNDER 24 HRS.
offer y the Pages urs offe	F	emale	White		3-29-88	lost birthdo	YRS. MONTHS DAYS	HOURS MIN
30 Pag 100	7a-	BARTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED 7	COUNTY OF DEATH		
vithin 2 Mous after all filled in by the University Pages within 72 hours offer	EUJ	Maryland	U.S.	WIDOWED		nne Arunde	21.	Md.
Hilling 24		STY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STIT JTION (If not	in hospital 120 USUAL	OCCUPATION (Kind of world	done 12b KIND OF	BUSINESS OR
		len Burnie		ndel	anula mos.	to Eversing life, even if re SEWORK	tired) INDUSTRY	HOME
completely ove carbon y event, with	13c.		sed hived, if institution: Residence before	13c. CITY OR TO		_	BER	
compose / eve	odin	Maryland	Anne Arundel	Glen	Burn'ie MO	- 203 Seco	ond Ave	
ond c	14	FATHER S NAME First	Middle Lost	1s. A	NOTHER'S MAIDEN NAME Firs	ı M	ddle	Last
be series	L	THOMAS				AMELIA	CRO	055
ertificote be physicion o pen pleose ovol, ond ir		WAS DECEASED EVER IN U.S. ARN (es, no, or unknown) (If yes give w	MED FORCES? vor or dates of service) 16b. SOCIAL SECURITY	NO. 17 INF	ORMANT		dress	
phys life		NO X////	<u> </u>	MR.	CARROLL M.	SEEBO (hus	band) SAME	
re deoth cer ottending p permit. The		18. CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and (c)	1 0 -	+1 P	*	APPROXI BETWEEN C	PMATE INTERVAL DINSET AND DEATH
eoff enit.		PART I DEATH WAS CAUSED IMMEDIA	ATE CAUSE (0) Chille	al l	weom Do	2lls		
e d offer on,		mp !	DUE TO, OR AS A CONSEQUENCE OF	- trys	entensier	L , T	4	
the site		Conditions, if any, which gove a nse to immediate cause (o), ((b) Sypente	wari	e arter	oschrole	2	
quires that the physician. signed by the burial transit purial.		stating the underlying cause(DUE TO, OR AS A CONSEQUENCE OF	Chun	io - vusco	ular de	silvel.	
res /sici ial-dial-dial-dial-		<u>fost</u>	(c)					
Physical Phy		PART 2. OTHER SIGNIFICANT COM	nditions <u>contributing</u> to death but n	OT RELATED TO T	HE TERMINAL DISEASE OR COI	NDITION GIVEN IN PART 1(0)		
w r ding een the r to	No	7131						
tence to be so be	CERTIFICATION	190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED	20o. AUTOPSY?	20b IF YES, WERE FIN	IDINGS CONSIDERED IN C	ERTIFYING
r at at a see the see	Ë				YES NO DE			
AN: olor for Heo		21 o. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT		21c. HOW	INJURY OCCURRED (Enter n	oture of injury in Part 1 ar	Part 2, Item 18.)	
SPETITE SPETIT SPETITE SPETITE SPETITE SPETITE SPETITE SPETITE SPETITE SPETITE	MEDICAL	(If either, notify medical examin	ner) P.M. 1					
ho ho ch	2	21d. INJURY OCCURRED 21e. While Not while	PLACE OF INJURY (AT HOME FARM, STREET, FA	CTORY.) 21f. LOCA	TION Street or RFD No.	City or Tawn	County	State
e de te de t		of work of work			0/1-	9 0/	00	
Din Sta	П	22a. I certity that (I) (the saw the deceased a	is haspital) attended the deceas	ed fram	Kat in (my) (aur) apıni		, 19 <u>65</u> , that	(I) (we) last
med med the the		causes stated above	e, (I) (we) (did) (did not) view the	body after de	isar ili (my) (aar) apini ath.	an death accurred on	the date and hauf	and from the
TA SE		22b. SIGNATURE	1. //	4 -			22c DATE/SIGNED/	
OR De L		px. U.a.	l Auguan	(L) DEGREE	ATTENDING MEE PHYS. DIRI	ECTOR STAFF PHYS.	9/3/6	,8
AL D		22d. PHYSICIAN'S R	2 do 6/17 N	117 60	22e. ADDRESS 3	5 1405P1	TALL 1,1	Dir.
SPII 4 m 4 m 1ER		NAME (Type) Q - 74	· ue GULIVI	1510,19	R. GLEN	BURNIE	Mod.	21061
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed a Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed director, page 3 should be detached for use as the burial-transit permit. Then please remove carl stabuld be filled with the State Dept. of Health prior to burial, cremotion, or removal, and in any event,	23o	BURIAL, CREMATION, 23b	1	CEMETERY OR CR		23d LOCATION (City or Tow		(State)
5 5 5 W			71.4,1968 GLEN H				IIE, MARYL	HIND
VR A (4)	24	FUNPRAS PIRECTOR	SINGLETONRES		HOME 250 RECT BY	4 4000 000	ISTRAR'S SIGNATURE	
30M REV 1/68	17	I will	RI FN BURNTE	_ MARYI	AND DASEP	4 1968 80	which have	*



- 1			חוצונוח	MARTI N OF VITAL RECOR	MIDIC UNA	DEPAKIM	IENI OF HI Peet raitii	EALTH MORE MAI	YIAND 21201	16.2 10	
		12460	D 1 V 1310	it of virta necon	CERTIFI	CATE OF	DEATH		CIDITO 21201	1 5 = 8 ()	
		CEASED-NAME First		Middle		Lost		20. DATE OF		м	2b. HOUR
	. (1	ype or print) Frank				Selcher			Month Do	Yeor 68	2:20 M
ı	3 SE	X	4 RACE			S DATE OF BI	RTH		6 AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.
		Male	W	nite		2-2-9	90		lost birthdoy) 78 YRS	MUNINS DAYS	MOURS MIN
		IRTHPLACE (State or foreign	76 CITIZEN	OF WHAT COUNTRY?	8. MARRIEL	X) NEVER MAR	RIED 5	9. COUNTY OF	DEATH		
	conn	Penna.	U		WIDOWE		RCED 🔲	Anne	Arundel		Md.
	10. C	ITY OR TOWN OF DEATH		11 NAME OF HOSPITAL O	R INSTITUTION (IF	not in hospitol	120 USUAL	CCUPATION	(Kind of work done	12b KIND OF B	USINESS OR
	G	len Burnie		North Aru	ndel Ho	spital	Labo		life even f retired)	Beth.	St.
) \	13c	USUAL RESIDENCE (Where deceos ssion) STATE	d lived, if	institution Residence be	ore 13c CITY (R TOWN	MIT ALL BOISNI PET	_	REET AND NUMBER		
		Maryla	1.0	<u> Anne Arun</u>		idena	YES NO	11.	→ Box 237	Mago thy	Beach
ģ	14. #	ATHER'S NAME First		iddle Lo		IS MOTHER'S MA	AIDEN NAME Fir	rst	Middle		Lost
		(unknot		Selche					(unknown))	
	16o Y	WAS DECEASED EVER IN U.S. ARM	ED FORCES	Dece)		INFORMANT		- * .	Address		
	7	-/-				rs. Vo	ris .	Setch	er (wife		S #13
		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE)	y one cous	e per line for (a), (b), on	(9)						SET AND DEATH
			TE CAUSE (,							
		Conditions, if any, which gave)	DUE T	O, OR AS A CONSEQUENCE	OF T						
		rise to immediate couse (o),	(b)	NV						
		stoting the underlying couse lost.		O, OR AS A CONSEQUENC	01						
		PART 2 OTHER SIGNIFICANT CON		(c)	IT NOT PELATED	TO THE TERMINAL	L DISEASE OR CO	ONDITION GIVE	N IN PART I/o\		
		A STATE OF THE STORY STATE OF	DIIIONO CO	MIKODINO 10 DEATH D	DI NOI KLEKILD	TO THE TERMINA	E DIJERJE OK CO	ONDITION OFFE	a in that ito		
	CERTIFICATION	190. DATE OF OPERATION 19b.	ONDITION	FOR WHICH OPERATION W	AS PERFORMED	20e. AUTO	PSY?	20b. IF	YES, WERE FINDINGS	CONSIDERED IN CEI	TIFYING
X	IFIC					YES	NO 🗀	CAUSES	OF DEATH?		
		210 ACCIDENT WAS UNDERLYIN		TIME OF INJURY		HOW INJURY OCC		noture of inju	ry in Port 1 or Port 2	, Item 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	er) HOU	R A.M. Month Doy 7	feor 1∎						
	W		PLACE OF I	NJURY (AT HOME, FARM, STRE	FF FACTORY) 21f	LOCATION Stree	et or R.F.D. No	City	or Town	County	Stote
		at work of work		/		1/22	100		01-111	1	
		22a. I certify that (i) (th	s hospite	il) attended the dec	eased fram	1120	10 , 19	, ta	7/21/01		(I) (we) last
		saw the deceased a causes stated above				nd thát in (m death	y) (aur) apır	nian death o	occurred an the d	ate and haur a	nd tram the
		22b SIGNATURE	/ (ii) (iii)	(Old) talk flot, view	^				220	DATE SIGNED	10
		MIN		BU Cam	men DE	REE PHYS	NG 1521 ME	RECTOR	STAFF PHYS,	9/2//	01
		22d. PHYSICIAN S	70	(1) An 11	157	22e. ADD		170	HUND-ON	10/12/1)
1		NAME (Tyle)	YD	· 1/2 1/1/1	CKV_		2)	-1 101	11191102	1. 1her	red
	230	BUR AN CREMATION, 23b			OF CEMETERY C			1	ON (City or Town)	(County)	(State)
			t. 24	,					dge, RFD		ग्राव
	24	FUNERAL DIRECTOR		INGLETONAM LEN BURNIE		HOME	250 RECD BY		1968 KCC	'S SIGNATURE Carles Ym	dag
1	/	IV Langucov	ت	LEN BURNIE	* MAKAI	-HIVU	DATE OE	20	עעטו		1

×

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12461 CERTIFICATE OF DEATH 1. DECEASED NAME 2g. DATE OF DEATH 2b. HOUR (Type or print) 3. SEX S DATE OF BIRTH 6. AGE (In years IF LINDER 24 HRS lost birthdoy) HOURS 12-24-70 BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED country) DIVORCED [WIDOWED TO W. Va. 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitor 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired) INDUSTRY ¥. plaase remave carban Severn, Md. physician and campletely event, ' 130, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER The law requires that the death certificate be executed. admission) STATE Md 13b COUNTY Rt. 1 Box 478 Severn and in any 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First Middle Middle Lost Lost James H. Davis Marv E. Hushman 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) or remayal, Ruth Shahan Rt. 1 Box 477 Severn. Md. 236-48-7678 APPROX MATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c), BETWEEN/ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial, cremation, DUE TO, OR AS A CONSEQUENCE OF Canditions, if only, which gave) burial-transit rise to immediate cause (a) DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate has been 19o, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 9 CAUSES OF DEATH? YES 🗔 NO F use far use Health the hospital or 210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Nat while at wark be retained by couses stated above, (I) (we) (did) (did nat) view the bady ofter death. 22b. SIGNATURE ATTENDING PHYS. DEGREE DIRECTOR 22d. PHYSICIANXS 22e. ADDRESS NAME (Type) director, I 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION (County) (State) REMOVAL (Specify)
Burial 0 Preston Mem. Gardens Kingwood W. 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Raymond C. Fink Glen Burnie, Md. DATESEP 1968 30M REV 1/68





DECEASED.NAME (First Marry E. Stimson 9 Month 24 Day 68 Yeor 136 Hour (Type or print) Marry E. Stimson 9 Month 24 Day 68 Yeor 25 Hour (Type or print) Marry E. Stimson 9 Month 24 Day 68 Yeor 25 Hour (Type or print) Marry E. Stimson 9 Month 24 Day 68 Yeor 25 Hour (Type or print) Marry E. Stimson 9 Month 24 Day 68 Yeor 26 Hour (Type or print) Marry E. Stimson 9 Month 24 Day 68 Yeor 26 Hour (Type or print) Marry E. Stimson 9 Month 24 Day 68 Yeor 26 Hour (Type or print) Marry E. Stimson 9 Month 24 Day 68 Yeor 26 Hour (Type or print) Marry E. Stimson 9 Month 24 Day 68 Yeor 26 Hour (Type or print) Marry E. Stimson 9 Month 24 Day 68 Yeor 26 Hour (Type or print) Marry E. Stimson 9 Month 24 Day 68 Yeor 26 Hour (Type or print) Marry E. Stimson 9 Month 24 Day 68 Yeor 26 Hour (Type or print) Marry E. Stimson 9 Month 24 Day 68 Yeor 26 Hour (Type or print) Marry E. Stimson 9 Month 24 Day 68 Yeor 26 Hour (Type or print) Marry E. Stimson 9 Month 24 Day 68 Yeor 26 Hour (Type or print) Marry E. Stimson 9 Month 24 Day 68 Yeor 26 Hour (Type or print) Marry E. Stimson 9 Day 68 Yeor 26 Hour E. Stimson 9 Month 24 Day 68 Yeor 26 Hour E. Stimson 9 Month 24 Day 68 Yeor 26 Hour E. Stimson 9 Month 24 Day 68 Yeor 26 Hour E. Stimson 9 Month 24 Day 68 Yeor 26 Hour E. Stimson 9 Month 24 Day 68 Yeor 26 Hour E. Stimson 9 Month 24 Day 68 Yeor 26 Hour E. Stimson 9 Month 24 Day 68 Yeor 26 Hour E. Stimson 9 Month 24 Day 68 Yeor 26 Hour E. Stimson 9 Month 24 Day 68 Yeor 26 Hour E. Stimson 9 Month 24 Day 68 Yeor 26 Hour E. Stimson 9 Month 24 Day 68 Yeor 26 Hour E. Stimson 9 Month 24 Day 68 Yeor 26 Hour E. Stimson 9 Month 24 Day 68 Yeor 26 Hour E. Stimson 9 Month 24 Day 68 Yeor 26 Hour E. Stimson 9 Month 24 Day 68 Yeor 26 Hour E. Stimson 9 Month 24 Day 68 Yeor 26 Hour E. Stimson 9 Month 24 Day 68 Yeor 26 Hour E. Stimson 9 Month 24 Day 68 Yeor 26 Hour E. Stimson 9 North 24 Day 68 Yeor 26 Hour E. Stimson 9 North 24 Day 68 Yeor 26 Hour E. Stimson 9 North 24 Day 68 Yeor 26 Hour P. Stimson 9 North 24 Day 68 Yeor 26 Hour P. Stimson 9 North 24 Day 68 Yeor 26	Stimson Stim	1 124	DIVISION OF VITAL PECO	LAND STATE DEPARTMENT OF RDS, 301 W. PRESTON STREET, BAL CERTIFICATE OF DEATH		2173
To Description To Country	78. SRIPHARE (Stole or foreign Country) West Virinia 10. GITY OR TOWN OF DEATH 11. NAME OF HOWARD AND RISTIPUTION (If not in baspital 10. GITY OR TOWN OF DEATH 21. OLD GITY OR TOWN OF DEATH 22. USUAL OCCUPATION (Kind of work done 130. USUAL RESURVE (Where deceased lived, if institution Residence below 130. USUAL RESURVE (Where deceased lived, if institution Residence below 130. USUAL RESURVE (Where deceased lived, if institution Residence below 130. USUAL RESURVE (Where deceased lived, if institution Residence below 130. USUAL RESIDENCE (Where deceased lived, if institution Residence below 130. USUAL RESIDENCE (Where deceased lived, if institution Residence below 130. USUAL RESIDENCE (Where deceased lived, if institution Residence below 130. USUAL RESIDENCE (Where deceased lived, if institution Residence below 130. USUAL RESIDENCE (Where deceased lived, if institution Residence below 130. USUAL RESIDENCE (Where deceased lived, if institution Residence below 130. USUAL RESIDENCE (Where deceased lived, if institution Residence below 130. USUAL RESIDENCE (Where deceased lived, if institution Residence below 130. USUAL RESIDENCE (Where deceased lived, if institution Residence below 130. USUAL RESIDENCE (Where deceased lived, if institution Residence below 130. USUAL RESIDENCE (Where deceased lived, if institution Residence below 130. USUAL RESIDENCE (Where deceased lived, if institution Residence below 130. USUAL RESIDENCE (Where deceased lived, if institution Residence below 130. USUAL RESIDENCE (Where deceased lived, if institution Residence below 130. USUAL RESIDENCE (Where deceased lived, if institution Residence below 130. USUAL RESIDENCE (Where deceased lived, if institution Residence below 130. USUAL RESIDENCE (Where deceased lived, if institution Residence below 130. USUAL RESIDENCE (Where deceased lived, if institution Residence below 130. USUAL RESIDENCE (Where deceased lived, if institution Residence below 130. SOUTH RESIDENCE 130. SOUTH RESIDENCE 130. SOUTH RESIDENCE 130. SOUTH RESIDENCE 130. SOUTH RES					68 Yeor P
Country West Virinia USA WIDDWED D.VORCED Made D.VORCED D.V	WIDOWED DAYORED IN LOCK TO INCOME DAYORED IN LOCK TO INFORMANT IN LOCK T	Fem	ale White		6 AGE (In years last birthday)	
Clen Burnie Steve	Candinons, if ony, which gave res to immediate cause (a), stating the underlying couse to immediate cause (a), stating the underlying couse (b). Candinons, if ony, which gave res to immediate cause (a), stating the underlying couse (b). Candinons, if ony, which gave res to immediate cause (a), stating the underlying couse (b). Candinons, if ony, which gave res to immediate cause (a), stating the underlying couse (b). Candinons, if ony, which gave res to immediate cause (a). Candinons, if ony, which gave res to immediate cause (a). Candinons if ony, which gave research the cause (a). Candinons if ony, which gave research restricts and the cause (a). Candinons if ony, which gave research restricts and the cause (a). Candinons if ony, which gave research restricts and the cause (a). Candinons if ony, which gave research restricts and the cause (a). Candinons if ony, which gave research restricts and the cause (a). Candinons if ony, which gave research restricts and the cause (a). Candinons if ony, which gave research restricts and the cause (a). Candinons if ony, which gave research restricts and the cause (a). Candinons if ony, which gave research restricts and the cause (a). Candinons if ony, which gave research restricts and the cause (a). Candinons if ony, which gave research restricts and the cause (a). Candinons if ony, which gave research restricts and the cause (a). Candinons if ony, which gave research restricts and the cause (a). Candinons if ony, which gave research restricts and the cause (a). Candinons if ony, which gave research restricts and the cause of the cause the ca	country				l Md
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	14. FATHER'S NAME First Middle Lost Steve Rebuck Sr. 15. MOTHER'S MAIDEN NAME First Middle Lost Steve Rebuck Sr. 15. MOTHER'S MAIDEN NAME First Middle Lost Steve Rebuck Sr. Eva Galada	£ 01 B	g ve street oddress)	during n		INDUSTRY _
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Steve Rebuck Sr. Eva Galada 16. WAS DECEASED EVER IN U.S ARMED FORCES? Yes, no, or unknown) (If yes grow wor or dottes of service) 16b SOCIAL SECURITY NO. 17. INFORMANT 3723 Gardiner Valley Ur. Yes, no, or unknown) (If yes grow wor or dottes of service) 16b SOCIAL SECURITY NO. 17. INFORMANT Mr. Andy Rebuck Robridge Mr. Andy Rebuck Robridge Retween owest and death	14. FATHER'S NAME First Middle Lost Steve Rebuck Sr. Eva Galada	130 USUAŁ RESIDER admission) STATE	ICE (Where deceosed hived, if institution Residence by 13b. COUNTY A. A.			Ave.
Yes, no, or unknown) NO NO NO NO NO NO NO NO NO N	Yes, no, or unknown) Course of DEATH (Enter only one couse per line for (a), (b), ond (c)) PART 1. DEATH WAS CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave meet o immediate cause (a), stating the underlying couse (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	14. FATHER'S NAME	First Middle		First Middle	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c)) PART 1. DEATH WAS CAUSED BY: (MMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 19a DATE OF OPERATION 21b TIME OF INJURY PAGE 18b.) 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) P.M. Month Doy Yeor P.M. Month Doy Yeor P.M. Month Doy Yeor	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c)	Yes, na, ar unkni	וואיף) (If yes give wor or dates of service)			,
lost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	Dest. Column Part Conditions Contributing to Death But not related to the terminal disease or condition given in Part Column Part Pa	Canditions, if	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUEN ony, which gave dig'e cause (a). (b)	inone of Me	of lung Turn	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH MODULAS
G CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. 19	OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 2.d IN.JRY OCCURRED While Not while of twark 220. I certify that (I) (this hospital) ottended the deceased from 19 220. I certify that (I) (this hospital) ottended the deceased from 19 321. Control of R.F.D. No City or Town County State 220. I certify that (I) (this hospital) ottended the deceased from 19 321. Control of R.F.D. No City or Town County State 3220. I certify that (I) (this hospital) ottended the deceased from 19 323. And that in (my) (our) opinion death occurred on the date and have and from the	PART 2 OTHE	PERATION 195. CONDITION FOR WHICH OPERATION V	/AS PERFORMED 20g. AUTOPSY? YES NO	20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?	
	While Not while at work at wark 220. I certify that (I) (this hospital) ottended the deceased from 1-1, 1960, ta 1-24, 1960, thot (I) (we) last saw the deceased glive on 9-2, 4 and thot in (my) (our) opinion death occurred on the date and have and from the		ING CAUSE OF DEATH HOUR A.M. Month Doy P.M.	Yeor 19		em IB.)
22b. SIGNATURE 22b. SIGNATURE ATTENDING MED DIRECTOR DIRECTOR PHYS DIR		REMOVAL (Spe	ATION, 23b. DATE 23c. NAJ 191 Sept. 30.68 Wo	e of CEMETERY OR CREMATORY	23d. LOCATION (City or Town) Bluefield, W. V	(County) (State)
22d. PHYSICIANS NAME (Type) Ernesto Tolentino 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Sept. 30.68 Woodlawn Cemetery Bluefield, W. Va.	230. BUR AL, (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Sept. 30.68 Woodlawn Cemetery Bluefield, W. Va.	24 FUNERAL DIRECT	Single Single	DRISS Fundral Aurnia, Md. DATE SF		les Judge

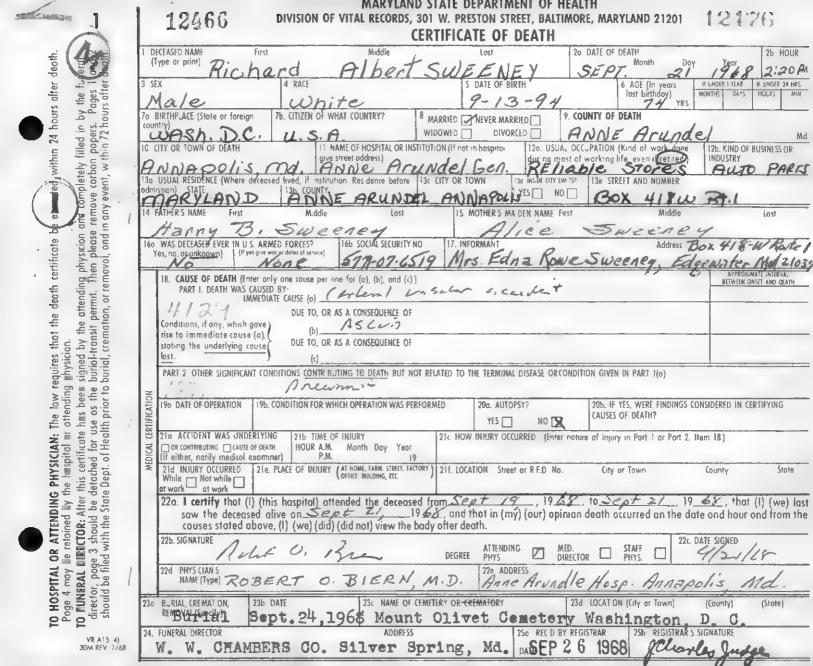
		1 Graph Street, Baltimore, Maryland 21201	2.544.0
FORESTATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2 1 7.1
HEALTH DEPT.	1 D		Doy Yeor 2b HOUR
is of of	(Type or Prot) Wilson L. Stocksdale. DEATH MATED 9	11 KS 12M
delay and 3 (M3. Pag	3 S	EX 4 RACE S DATE OF BIRTH 6. AGE (18 YEARS F UNDER 14 HRS 20 DATE PRONOUNCED DEAD	2d HOUR
ny delay is 2, and 3 to PM3. Page partment of		MONTHS DAYS HOURS MMM. Month & Doy 1	Yeor 6-5 12M
any 2, 2,		BIRTHPLACE (State or foreign 7b CTIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
e D	COLF	my mel USA WIDOWED DIVORCED DIVORCED ARUX.	DEL CO Md
fifer death 6. Give Pages 1, alang with farm with the State De leath			126 KIND OF BUSINESS OR
ofter death Give Pag Ilang with vith the Sta		len Bernie give street oddress) with ARCHORL Grand during most of warmy life event retired)	Rosses G
of the land of the	130	USJA, RESIDENCE (Where deceased lived, if institution Residence before 13c (TY OR TOWN 136 INSIGE (IPTOM.)35 13e STREET AND NUMBER INSIGE (IPTOM.)35 13b (OLNTY)	
2 . 0 . 2 . 0 . 5 . 0 . 5 . 5 . 0 . 5 . 5 . 5 . 5		ISTATE NO BY SEATHER AND STATE OF BYES AND ENAL YES IN NOTE BYES AT	10-10
Item 18. Give Pages 1, 2, and 3 to Office along with farm PM3. Page land 2 with the State Department of after death	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME Erst Middle	() · lost
2 2 2 2		Moward M. Stockstell Jack St	Kep By
INER: This certificate shauld be executed within the certificate, writing the ward "pending" in pencil in should be farwarded to the Chief Medical Examiners files. 3 shauld be used as a burial-transit permit. File pages oution, ar remayal, and in any event within 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL/SECURITY NO 17 INFORMANT ADDRESS ADDRESS ADDRESS ADDRESS	Bo-tu
		115 - 312032764 Mangalet Way status	dola stone
of E		18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ecut ing ing adic erm wet		MMCDIATE CAUSE (0) Credered Cleaner	Sauce
ex ent ent		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)	441
The rans		The state of the s	
auld ware he (ial-t		stoting the underlying couse Due To, OR AS A CONSEQUENCE OF	
sh ra t	1	(c)	
XAMINER: This certificate shauld be executed within te the certificate, writing the ward "pending" in pencil ge 4 shauld be farwarded ta the Chief Medical Examıns your files. **gage 3 shauld be used as a burial-transit permit. File pag cremation, ar remaval, and in any event within 72 hau		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
Age of the state o	NO	196. CONDITION FOR WHICH OPERATION	20 AUTOPSY?
INER: This certificate, writh the certificate, writh should be farwar files. 3 shauld be used ation, ar remova	CERTIFICATION	WAS PERFORMED?	YES NO IN
This ication of the period of	ŒRTI	210 EXTERNAL CAUSE WAS 216 TIME OF NURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Ite	
s.	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19	
Sha s	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
XAM tre th ge 4 your Page crem		WHILE NOT WHILE foctory, office building, etc.)	
bical EXAMINER: se execute the cert sctor. Page 4 should ned far your files. ECTOR: Page 3 shau a burial, cremation.		22a. I certify that Laak charge of the remains described abave, held an Autapsy , Inspection , Inquiry	and in my apinian
TY DICAL E y, please executed director. Page to retained far tal placetors: Rat Directors: prior ta burial,		death resulted fram Agrural causes X. Accident . Suicide . Hamicide . Undetermined manner	
please e director estained DIRECTI		CHIEF MEDICAL EXAMINER	_
ITY BICC. Ity, please e eral director be retained RAL DIRECT Prior to by		ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE S	SIGNED
ony.		STOTISTICS.	11-68
netessary, please execute the funeral director. Page 4 5 may be retained far your to FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) ADDRESS(Street, city, town, or county)	2. M. Co.
10 170 He	230	BURNAL CREMATION 236 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (CITY OF TOWN)	(County) (Store)
U	5	PENDIAL (Specify) 9-15-60 MEADOW BRANCH CEM. Westman	the anoll In (
OF	241	ADDRESS 250 REC'D BY REG STRAR 250 REGISTRAR'S S	
VR A15ME SE	8	The A Bangares, busines Mr. D. Rosep 1 6 1968 Octon	At Yours

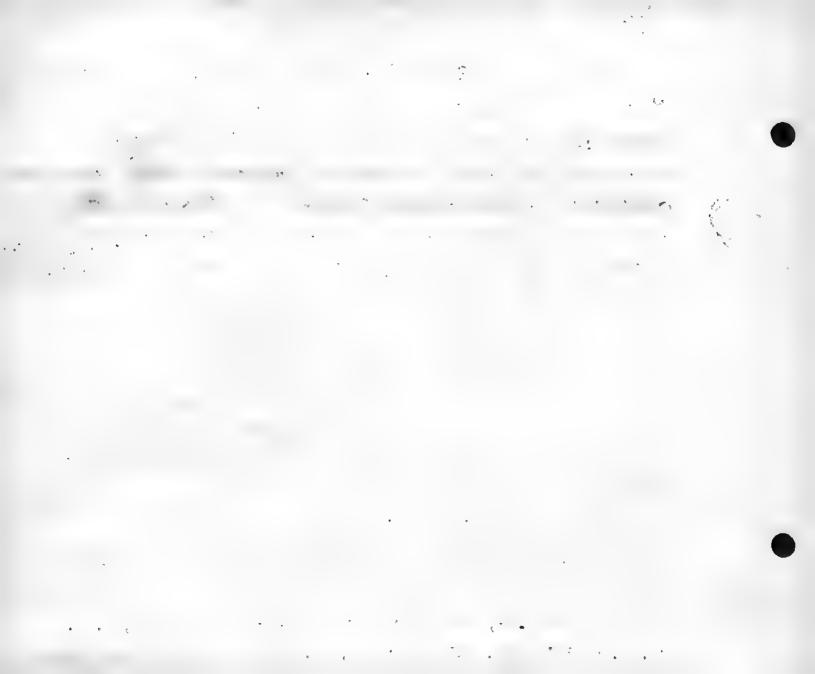
MARYLAND STATE DEPARTMENT OF HEALTH



/	N .			STATE DEPARTMENT OF I		
		12465	DIVISION OF VITAL RECORDS, 3	301 W. PRESTON STREET, BALT ERTIFICATE OF DEATH	IMORE, MARYLAND 21201	12475
. ~ .	1 0	ECEASED-NAME Firs		LIGHT OF DEATH	20. DATE OF DEATH	OL HOPPIN
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Strained by the hospital or attending physicion. CTOR: After this certificate has been signed by the attending physicion and completely filled in the funeral should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 iff the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 is a fifter death.		(ype or print) Char		Suit	20. DATE OF DEATH Manth Day	у 68 11:26м
une T de	3 5		4. RACE	S DATE OF BIRTH		11:264 IF UNDER 1 YEAR 15 UNDER 24 HPS.
	3 3	Male	white	AUG 29,1	9/3 6 AGE (In years lost birthday) 55 YRS.	MONTHS OAYS HOURS MIN.
· ·		BIRTHPLACE (Stote or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
7 / 1	(00)	mal.	USA	WIDOWED DIVORCED	Anne Arunde	1 County Md
	1 .	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INST	TUTION (If not in hospita 120 JSU during m	AL OCCUPATION (Kind of work done lost of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
		INNA POLIS	eased lived, if institution. Residence before	13c CITY OR TOWN 13d INSIGE CITY I	IM TS? / A3B STREET AND NUMBER	NNCO
	adm	issian) STATE W	13b COUNTY	Edisjewater YES N	CENTER S	+
	14.	ATHER'S NAME First	Middle ost	15 MOTHER'S MAIDEN NAME		Lost
		WILLIAM	Suit	DA	154	TUCKER
	160	was deceased ever in us. As es, no, or unknown) (If yes give	RMED FORCES? 166 SOCIAL SECURITY No. 2/4/05-02	54 Emily Fowle	Address E. Paerna	-pr. mrs
	F	18 CAUSE OF DEATH (Enter of	anly one couse per sine for (a), (b), and (c)	1		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
		PART I. DEATH WAS CAUS	SED BY:	tinken IH	emerlese "	BETWEEN ONSET AND GEATH
		, FMMED	DUE TO, OR AS A CONSEQUENCE OF			5 11 17
· · · ×		Canditions, if any, which gave				
		rise to immediate cause (o),), ((b)			
	П	stating the underlying couse	e out to, ok as a consequence or			
		- V / A / A	CONDITIONS CONTRIBUTING TO DEATH BUT NO	T DELATED TO THE TERMINAL DISCLASE OF	CONDITION CIVEN IN DART 1/A)	
		TAKE 2 STEEL STORIET CONT.	Olivinois contrabolino to beat del no	TREBATED TO THE TERMINAL DISDAGE OR	et	
	NO.	19g. DATE OF OPERATION 198	b. CONDITION FOR WHICH OPERATION WAS PER	FORMED 200 AUTOPSY?	20b IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING
X	2	The sale of organism	o. Committee of Things of Edition was the	YES NO [CAUSES OF DEATHS	ONSIDERED IN CERNICING
	CERTIFICATION	210. ACCIDENT WAS UNDERLY	YING 216 TIME OF INJURY		r noture of injury in Port 1 or Port 2,	Item 18)
		OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. Month Day Year	THE STATE OF THE PERSON SERVICES SERVICES	or anjoy at rott (or rott 2,	194
	MEDICAL	(If either, notify medical exon 21d INJURY OCCURRED 21	I PLACE OF INJURY / AT HOME, FARM, STREET, FACE	QRY.) 21f LOCATION Street or R.F.D. No.	City of Town	County State
		White Not while at work	OFFICE BUILDING, ETC.	7	Sily 07 10 mi	coomit store
		22a I certify that (1) (t	this hospital) attended the decease	d from 19	5 8, 10 per 2 200 19	, that (I) (we) lost
		sow the deceased	ve, (I) (we) (Gd) (did not) view the b	ond that in (my)(our) op	inion deeth occurred on the do	ite and hour and from the
		22b. SIGNATURE	ve, (i) (we) (god) (did not) view the b	ouy oner deam.	77:	DATE SIGNED
		In ear	1 m. Shutte	DEGREE PHYS	MED STAFF DIRECTOR PHYS.	~ 7 ~ 6 0
	1	22d. PHYSICIAN'S	and the state of t	22e. ADDRESS	MALCIUM CO PRIIS. CO	/ - 0
1		NAME (Type)	M.SHIPLE	4		
4	2 3a	BUR AL, CREMATION, 23b	DATE 23c HAMPOFS	EMPTERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
Q	B	REMOVAL (Specify)	7/10/68 HIII	CREST CEMETERY	ANIDAPOLIS ,	NA MA
1	24	FUNERAL DIRECTOR	ADDRESS	17/ /)	BY REGISTRAR 2Sb. REGISTRAR'S	
3	1/2	anderly to me	& Home Annapoles	DATE SF	P 1 3 1968 gclis	wed Judge







DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12467 CERTIFICATE OF DEATH Elizabeth Tawney 2b. HOUR I. DECEASED-NAME 24 hours after death. 2 Day 68 Month (Type or print) IF UNDER 24 HRS S DATE OF BIRTH 891 4. RACE 6. AGE, (In years IF LINDER YEAR 3. SEX 11/ last bighoay) MONTHS DAYS HOURS **9 COUNTY OF DEATH** To BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED [] NEVER MARRIED [country) Anne Arundel WIDOWED F¾ DIVQRCED 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a LSLAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10 CIFY OR TOWN OF DEATH give street address) 229 helsea Kaldur normovatspingaliteaven if retired) INDUSTRY Riviera Beach event 13e STREET AND NUMBER 13b. USUA, RESIDENCE (Where deceased lived, if institution, Residence before Ca² requires that the death certificate be executed admission) STATE 135 COUNTY Lane cast lowson YES 🔀 burial, cremation, ar remayal, and in any 15 MOTHER'S MAIDEN NAME First Middle 14 FATHER S NAME Middle tein Blomier aroline physician (nen please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT-Address George Moore same Yes, mover unknown) APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) signed by the burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. af Health priar ta 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [NO [Page 4 may be retained by the hospital ar 21a, ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 23c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, notify medical examiner) P.M (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street of R.F.D. Na. Stote 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County While Not while at wark 220. I certify that (I) (this hospital) attended the deceased fram sow the deceased alive an source 19 , and that in (i _, and that in (my) (eur) apinian death occurred on the date and haur and from the couses stated above, (I) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED 22b. SIGNATURE DEGREE PHYS DIRECTOR 22a. ADDRESS HYSIC AN 22d. 23 NAME OF CEMETERY OR CREMATORY LOCATION (City of Town) (County) (State) 230 BURIAL CREMATION JEEMBY NOTISE & LOT Greenmount (em. Balto 2Sq. REC'D BY REGISTRAR 2Sh. REGISTRAR'S SIGNATURE VR A15 (4), 30M REV. 1/68 DATSEP 1968

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First Middle 20 DATE KNOWN X Month Doy 2b HOUR (Type or Print) EST -BETTY THOMAS 9-16 19 68 DEATH MATED 4 RACE F UNDER 1 YEAR IF UNDER 24 HRS 3 SEX S DATE OF BIRTH 6 AGE (In years 2c DATE PRONOUNCED DEAD Month Female White 7/20/35 September 76 CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign MARRIED KINEVER MARRIED 9 COUNTY OF DEATH ANNE ARUNDEL WIDOWED [DIVORCED [II-S-A 10. CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospito 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address)

13 South Annapolis Road WATTRESS 00 Annapolis 13a USUAL RESIDENCE (Where deceased I ved, finishtution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Lond 2 with 13b COUNTY Anne Arundel Annapolis odmission) STATE Md. 13 South Annapolis Road YES NO in them 18 24 hours ofter 14 FATHER S NAME 15 MOTHER S MA DEN NAME First Middle hours STARCHER **ESTELLE** MITTER ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** pencil within (Yes, no, or unknown) (III yes give wor or dotes of service) Melba M. Robinson Fairfax Station File within be executed 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH permit PART I. DEATH WAS CAUSED BY Gunshot wound of chest .MMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), writing the word certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190. DATE OF OPERATION 196 COND TON FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES X NO 21b TIME OF INJURY Month, Dov. Year 210 EXTERNAL CAUSE WAS 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 3 should PRIMARY X OR CONTRIBUTING EXAMINER: 12:00xx 9-16 19 68 Shot during altercation CAUSE OF DEATH 21d INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e P.ACE OF INJURY (At home, form, street, City or Town County Stote factory, office building, etc.)
Home WHILE AT WORK AT WORK 13 South Annapolis Road Annapolis A.A. Md. 220. I certify that I took charge of the remains described above, neld an Autoosy [7], Inspect on Inquiry . and in my opinion death resulted from: Noturol causes Accident Suicide Homicide X Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASS STANT MED CAL EXAMINER X SIGNATURE Charles S. Springate, M.D. September 16, 1968 DEPUTY MED CAL EXAM NER **EXAMINER'S** 5 may 10 FUNE Health NAME (Type) ADDRESS(Street, city, town, or county) 230 BUR AL, CREMAT ON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Spec fy) MD. 9/19/68 GIEN BURNIE AA GLEN HAVEN 24 FUNERAL DIRECTOR 25b REGISTRAR 5 5 GNATURE 2So REC D BY REGISTRAR MORE DATE SEP 19 Charles 1968 VR ATSME 51 TOM REV 1/68

MAKYLAND STATE DEPAKIMENT OF HEALTH

1	ite	one 3 & 6-telephone MARYLAND STATE DEPARTMENT OF HEALTH Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	2.51616
FOR STATE	Co	on F H 9/20/68; MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2479
HEALTH DEPT.	40		y Year 2b HOUR
× 2 5	18	Acade Name First Middle Lost 20 DATE KNOWN Month Do OF EST DEATH MATED 7	
	3 SI	EX 14 RACE 5 DATE OF BIRTH 6 AGE IN YOURS 1 JUNDER 1 YEAR I IF UNDER 24 HRS 2C DATE PRONOUNCED DEAD	2d. HOUR
Ony delay		6-21-1881 8 April VRS MAN Month 9 Day 3	Year KF AM
2,7	1	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
6 Q 6	caun	Maryland U.S.A. WIDOWED X DIVORCED . A. A. Co.	Md
ve Pages ve Pages in for	1D (during most of working life even it retired 1 INC	DUSTRY BUSINESS OR
The de	120	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDECTY LIMILIS? 13e STREET AND NUMBER	
D m B 3 0		drission) STATE MO 136 COUNTY AND GlenBurnie YES NO X 105 Face L	Y.L
Heurs of Hem 18 Office ald]4 F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
rs a		William J. Reckard Elmira Chalk	
within 24 pencil in kaminer's re pages 72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (es, no, or unknown) (If yes give wor or doles of service) O.O.D. 1.0. F.F.O.O. 25. SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
within pencil xamine ile pagi		es, no, bi unknown (nyes give wor or ones of service) 220, 12-5529 Mrs. Hazel M. Dorsey, 105 Forset	
ling" in per edical Exam ermit. File p		18 CAUSE OF DEATH (Enter only one couse per line for to) (b) and (c)) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" in Medical 1 permit.		IMMEDIATE CAUSE (0) Little 1200 really flathering	Winds
be execute "pending" nief Medica nisit permit		DUE TO, OR AS A CONSEQUENCE OF	willen
d be Chie rran		tise to immediate couse (a). (b)	
s certificate should be executed within 24 e, writing the ward "pending" in pencil in farwarded to the Chief Medical Examiner's used as a burial-transit permit. File pages emaval, and in any event within 72 hours		stating the underlying couse DUE TU, OK AS A CONSEQUENCE OF	
ate sho a the v ed to th s a buri and in		PART 2 OTHER 5 GN.FICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
irat ing ded as a		1:	
certification of the control of the	ATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
	CERTIFICATION	WAS PERFORMED?	YES NO
·= ¬		216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of Injury in Port 1 or Port 2, Item PRIMARY OR CONTRIBUTING HOUR A M.	18)
INER: 1 e certific should to files. 3 shauld at an, an	MEDICAL	CAUSE OF DEATH P.M. 19	
	×	21d INJURY OCCURRED 21e PLACE OF M-LRY (At home, form, street, while NOT WHILE NOT WHILE NOT WHILE OCCUPY of Town foctory, office building, etc.)	County Stote
CAL EXAMINER: execute the cert or Page 4 shauld far your files. CTOR: Page 3 shaubur al, cremat an		AT WORK AT WORK	
ICAL E executor Par for Par ed for CTOR: 6		220. I certify that I tack charge of the remains described above, held an Autopsy, inspection, inquiry	ond in my opinian
blc. director director blrector blrector tr to bu		death resulted from Notural couses 🖃 , Accident 🔲 , Suicide 🔲 , Hamicide 🗍 , Undetermined manner 🗀	,
Ty please yy, please eral directs be retaine tal birect prior to b		ACTUAL CRIEF MEDICAL EXAMINER 22b. DATE SIG	NED /
UTY, erral Be Be Pri		SIGNATURE TO STANDARD AND STAND	760
TO DEPUTY DICAL EXAM necessary, please execute the the funeral director Page 4 5 may be retained far your TO FUNERAL DIRECTOR: Page Health priar to bur al, crem		NAME (Type) ADDRESS(Street, city, town, or county)	greo.
nec The The The	23o	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (Co	ounty) (Stote)
		BURIAL 9-6-1968 Loudon Park Cemetery Baltimore, Mary 1.	and
X		FUNERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 250 REG STRAR'S SIGN	NATURE
VR ATSME (5)	Ho	ward H. Hubbard, 4107 Wilkens Ave. 21229 Just 5 1969 Miland	Car day



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12480 CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20 DATE OF DEATH executed within 24 hours after death, (Type ar print) Month (es5/e 4. RACE 3 SEX DATE OF BIRTH IE LINDER 1 YEAR 6 AGE (In years F JNDER 24 HRS. White lost birthdoy) MONTHS ve carban papers. Pages event, within 72 haurs aft Female To BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? COUNTY OF DEATH completely filled in country) Anne WIDOWED 5 DIVORCED TO CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address during most at warking life, even, it retired to INDUSTRY ouse wife Home maker 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13e STREET AND NUMBER 3d INSIDE CITY LIMITS? admission) STATE 13b. COUNTY mave and in any 14. FATHER'S NAME Middle Middle and Lost COX physician o 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, of unknown) (If yes give war or dates of service) NONG burial, crematian, or remayal, Dobson RT6 STAUNTON APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter any one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Sclerosis IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Health prior to has been 190 DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? use YES [NO [O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 216 TIME OF INBURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) TO HOSPITAL OR ATTENDING PHYSICIAN: OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year be detached for State Dept. of H (If either, natify medical examiner) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY AT HOME FARM STREET, FACTORY, \ 216 LOCATION Street or R.F.D No City or Town State County OFFICE BUILDING, ETC White Not while at work 22a. I certify that (thus hospital) attended the deceased from 3-2 24 saw the deceased glave on 3-25 1968 and that in the be retained by 1962, and that in (m) (our) opinion death occurred on the date and haur and from the saw the deceased alive on directar, page 3 shauld shauld be filed with the t) view the bady ofter death. causes stated above, (A) 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) 23g BUR AL TREMATION NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b DATE (Stote) (County) REMOVAL (Specify) wion Cemeters 24 FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 30M REV 1/68 DATE

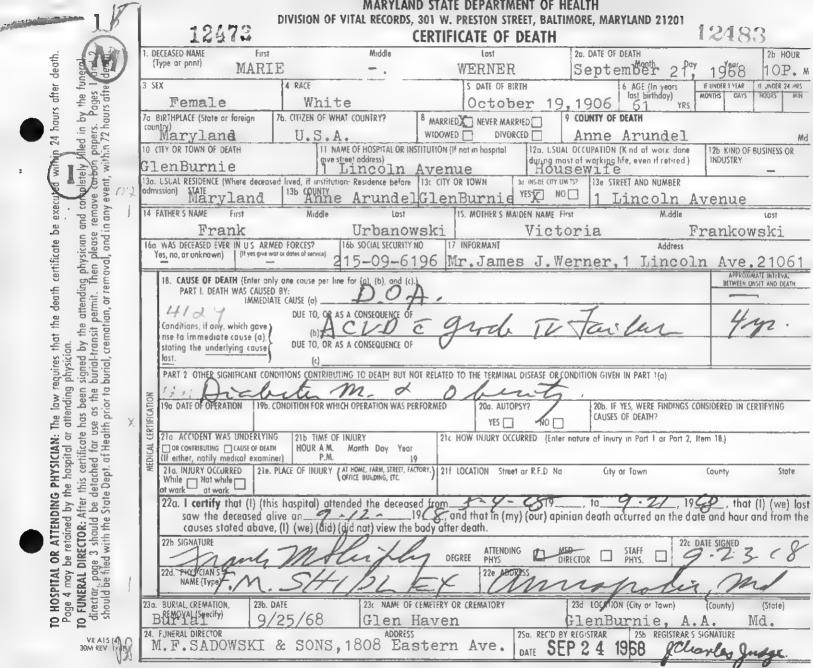


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12181 12471 CERTIFICATE OF DEATH in 24 haurs after death. death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admiss on) O COUNTY 13 MARYLAND C LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits, write RJRAL and give nearest town write RURAL and give nearest town) FOLVMSVILLE d NAME OF HOSPITAL OR INSULVITION (Hymeron hospital, give atreet/oddress) d STREET ADDRESS ON A FARM? NO 3 NAME OF DATE OF DECEASED and in any event, (Type or print) DEATH IE UNDER 24 HRS NEVER MARRIED DATE The law requires that the death certificate be execute remaye Dovs WIDOWED DIVORCED 12 CITIZEN OF WHAT 100 USUAL OCCUPATION Give kind of work done TOO K NO OF BUSINESS OR during most of working INDUSTRY attending physician sermit. Then please 13. FATHER'S NAME ar removal. Receased Harvey Sinix eceased Annie GillIS WAS DECEASED EVER IN U.S ARMED FORCES? 16 SOCIAL SECURITY NO (Yes, no or unknown) (If yes give war or dates of service rownsul/e crematian. 18. CAUSE OF DEATH (Enter only one couse per line (a), (b), and (c)) NTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) **DUE TO** prior to burial, Conditions, if any, which gove (b) nse to immediate couse (o), DUE TO stoting the underlying couse as the 19 WAS AUTOPSY PERFORMED? PART II OTHER SIGNERGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOW RELATED TO THE JERMINAL DISEASE CONDITION GIVEN, IN PART 1(6) , page 3 shauld be detached far use be filed with the State Dept, af Health NO IS certificate 20b DESCRIBE HOW INJURY OCCURRED (Egler nature of injury in Port I or Port IV of Handley & SCI 20p ACCIDENT WAS UNDERLYING ... OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TIME OF INJURY Month, Day, Year 20d INIJRY OCCURRED 20e PLACE OF INJURY (Hame, form, (City or town) (County) (Stote) Hour om Not While factory stratet, office bldg , etc.) of work 21. 1 ceptify that (1) (this hasp tal) oftended the deceased from 1900 that (1) (we) last FUNERAL DIRECTOR: and that death accurred at from louses and on the date stated above DATE SIGNED MED DURECTOR M.D. PHYSICIAN'S NAME (Type ADDRESS O HOSPITAL director, should b 230 BUR AL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) Burial Burial Baltimore, Maryland 9-10-1968 Baltimore 0 25b REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR VR A15 (4) Lilly & Zeiler Inc. 1901 Eastern Ave. 25M 1/67



1	MARTLAND STATE DEPARTMENT OF HEALTH	
	12472 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	2182
L	CERTIFICATE OF DEATH	
ı	DECEASED NAME First Middle Lost 20 DATE OF DEATH (Type or print) Date of DEATH LITERATURE OF DEATH Application of the polymetric description of the polyme	Yegr 2b HOUR P
L	Edward FERN WEAVER September 5 1	968 8:55 ^M
3.	lost bythdayl Manties	ER YEAR IF LINDER 24 HRS. DAYS HOURS MIN
Ļ	Male White Feb. 20, 1892 76 "YRS.	
	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Anne Arundel	Md
10	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done give street oddress) 13b during most propriate even if retired IND	KIND OF BUSINESS OR
_	Annapolis Anne Arundel Gen. Hospital	To-clean
13 00	O USUAL RESIDENCE (Where deceosed lived, if institution: Residence before list CITY OR TOWN list. INSIDE CITY UNITS list. STREET AND NUMBER STATE Anne Attendel Severna Pk. Arundel Beach	
14	FATHER'S NAME Fust Middle total IS. MOTHER'S MAIDEN NAME Earst / Middle	Lost
	Charles W Wegger Mother Couly	
h	60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17, INFORMANT	
	Yes, no, of unknown) (11 yes give wor or dates or sengres) 2130/2748 Mary Ellen Weaver.	- alone
-	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Wyshind Clothe Cock Concerns	and the state of t
	441, 2 DUE TO, OR AS A CONSEQUENCE OF	
l	Conditions, if any, which gave (b)	
П	rise to immediate cause (o), (Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ı	lost. (c)	
ı	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
į	5 HOIX	
		RED IN CERTIFYING
PILLE	ALCON ARTHUR	
	210 100 Month of Mont)
21021	[(If either, notify medical examiner) P.M. 19	
	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. (ity or fawn Coun While Not while)	nty State
	lot work — of work —	M - (1) () 1
	220 I certify that (I) (this hospital) ottended the deceased from 19 4, 19 5, to 19 5, to 19 5, to 20 7, ond that in (my) (aur) apinion deoth occurred on the date and course stated above (I) (wa) (did) (did not view the hody after death	, that (I) (we) last
	causes stated above. (i) (we) (did) (did not) view the body ofter death.	a moor and from me
	22b SIGNATURE	GNED /
L	OEGREE PHYS. DIRECTOR DIRECTOR PHYS.	0 36 ,
П	22d. PHYS CIANS NAME (Type) TO UTU B HUTAR DE 121 PARTE DOME	Mid
	DIEPHEN DAMADIOLE III HIMENIUM II III	117-1415
23	BO. BURNAT CREMATION, 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Court Remation)	nty) (State)
Ļ	It will at 1919 by Lace Renain Can 14 Who 4 / CWA	CARLOL, 4
2	ADDRESS 250, REC'D BY REGISTRAR 256 REGISTRAR'S SIGNAT LONGER DASFP 1 0 1968 Colorlar	Ore deal
	1 MILLY IS / SULLICENCE SCHEME IN DADET IU 1000 grandy	July







1			12474	DIVISION OF V				RE, MARYLAND 212		
			16848			ERTIFICATE OF	DEATH		1248	34
£ 200 ±		1. DI	CEASED-NAME First		Middle	Lost	20	D. DATE OF DEATH		2b. HOUR
8 448		["	ype or print)	VE	TINDEL	WILLA	IRD	SEPT. 2	8 DOY 19 Leon	119
P 2		3. SE	X	4 RACE		S DATE OF		6. AGE (In year	ES IE UNGER I YEAR	F JNOER 24 HR
y the Pages urs aft			7-	W	h	12-1	19-188:	3 lost birthdoy)	YRS MONTHS DAYS	HOURS Mil
by derivation		7o. £	IRTHPLACE (State or foreign	7b CITIZEN OF WHA	IT COUNTRY?	8. MARRIED NEVER MA	ARRIED 9. CO	OUNTY OF DEATH		
4 ho		(001	MARYLAND	V.5.	A.	WIDOWED 🔀 DIVO	ORCED 🔲 📙	THUE AR	UNDEL .	1
in Series		10 0	TY OR TOWN OF DEATH	11 NA	ME OF HOSPITAL OR INS	TITUTION (If not in hospital	120 USUAL OC	CUPATION (Kind of work	done 12b KIND OF	BUSINESS OR
with bon wit			MASADENA	130	reet oddress) R	VERSIDE DE	S. Janua Luber o.	f working life, even freto	red) INDUSTRY	へ こ .
Executed within 24 haurs after a campletely filled in by the lumave carbon papers. Pages in any event, within 72 haurs after	á	13o. odmi	USUAL RESIDENCE (Where deceos ssion) STATE ND.	PACACAL INSTITUTION OF THE PROPERTY OF THE PRO	Residence before	PASADENA	13d. INSIDE CITY LIM TS? YES NO	30 STREET AND NUMB		DR.
and c remo	1	14. F	ATHER'S NAME First	Middle	lost		MAIDEN NAME First	Mid	dle	Lost
d 25 g		\Box	SILLIAM EL	DOIDGE			nwo r	JUZHBURN		
AN: The law requires that the death certificate be executed within 24 haurs after all ar attending physician. It is a physician and campletely filled in by the start has been signed by the attending physician and campletely filled in by the far use as the burial-transit permit. Then please remove carbon papers. Pages Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after			WAS DECEASED EVER IN U.S. ARN es, no, or unknown) (fyes give w	ED FORCES? or or dates of service)	66. SOCIAL SECURITY N	O. 17. INFORMANT	RE.Klin	5209 Addi	Bosalie	Que.
The law requires that the death certification attending physician. has been signed by the attending physics as the burial-transit permit. Then the priar to burial, crematian, or remaval			18 CAUSE OF DEATH (Enter on	y one couse per line	for (a), (b), and (c).)				APPROXIA BETWEEN OF	NATE INTERVAL NSET AND GEATH
andii or re			PART I. DEATH WAS CAUSED IMMEDIA	+ BY. Te cause (0)	Pheum	soneti			20	days
atte					A CONSEQUENCE OF	,			,	0
t the			Conditions, if ony, which gove) rise to immediate couse (a),	(b)	Carcin	ona of T	The col	con	61	nos,
that the creater that			stoting the underlying couse	DUE TO, OR AS	A CONSEQUENCE OF	6				
equires the physician. signed by burial-tran			lost.	(c)						
Phy sign			PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBUTI	NG TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE OR CONDI	TION GIVEN IN PART 1(6)		
w r Jing Jing een een the tra		NO	1538 Chia	ue p	yelon	77				
e to trend trend trend trend trend prio	-	IZ.	196. DATE OF OPERATION 196.	COND TION FOR WHIC	HOPERATION WAS PER			CAUSES OF DEATH?	INGS CONSIDERED IN CE	RTIFYING
YSICIAN: The law raspital ar attending certificate has been hed far use as the it, of Health priar ta	メ	CERTIFICAT, ON	210 ACCIDENT WAS UNDERLYIN	G 216 TIME OF	INIBIDY	YES [1 - 0 1 10 10 1	
A de Control Height			OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M	Month Day Year	ZIC. HOW INJURY OF	CCOKKED (Enter note	ore of injury in Port 1 or P	ort 2, Item 18.)	
SSICI. Spito red fi		MEDICAL	(If either, natify medical examing 21d INJURY OCCURRED 21e.	PLACE OF INTERVAL	19 AT HOME FARM STREET FACT	DRY \$ 216 LOCATION See	ant or P.E.D. No.	City or Town	County	Stote
Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, cre			at work at work			ORY.) 21f LOCATION Str				
ATTENDIN stained by CTOR: After should be ifth the Star			220. I certify that (I) (the saw the deceased of	s haspital) ofter	ded the deceose	d from <u>serp</u>	7 , 19 <u>3e(e</u>	death accorded on t	_, 19 <u>66</u> _, that	(I) (aver) fo
TEN ined ined build			couses stoted above	, (f) (we)s(alrel) (d	id nat) view the l	ady ofter deoth.	my (sory opinion	deall accorded on t	ile date dita 11001 ()11G 11O111 11
A SECOND			22b. SIGNATURE	2 6			NINC MED	19472	22c. DATE SIGNED	
OR be roll by ge 3 ge 3 wed w			C. Earl		ELHILL M'BY	DEGREE ATTEND	ING MED.	OR STAFF PHYS.	9-30-6	8
TAI AI AI A			22d. PHYSICIAN S NAME (Type)	395 Ft. S Pasadena	mallwood Roa Maryland 211	d 22e, AD	DDRESS			
A m A m A m A m A m A m A m A m A m A m	1									
O HOSPITAL Page 4 may O FUNERAL director, pag		230	BLRIAL, CREMATION, 23b. I REMOVAL (Specify) 1 /) - 1 - 68		FMETERY OR CREMATORY	/ 2	BALTO,	(County)	(StotB)
		240	REMOVAL (Specify)	- 60	ADDRESS	THUOMAN	250. REC'D BY REC		JRARS SIGNATURE	
VR AT THE		24	THE HOLDE	- 233	1	READ ST	.OCT	2 1968 200	world Judy	pe.

MARYLAND STATE DEPARTMENT OF HEALTH

in the state of th

•

.

Α,

.

.

		12475	DIVISION OF V			STON STREET, BA TE OF DEATH		ARYLAND 2120	124	85
death. neral and 2 death.		CEASED-NAME Firs	len	Middle O •	W,º/	COX.	2o. DATE	OF DEATH Manth	Day Year 25 68	2b. HOUR 3 R M
be executed within 24 haurs after death. and completely filted in by the funeral e remove carban page. Pages 1 and 2 lin any event, within 77 haufs after death.	3. SI	x Female) hite	5	DATE OF BIPTA O/ I		6. AGE (In years lost birt 'y)	S IF UNDER YEAR	IF UNDER 24 HRS HOURS MIN
24 haurs aft an by the Pages	7o caur	BIRTHPLACE (Store or foreign itry) Haryland		USA	WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY O	Arundel		Md
within 24 ban pop		Crownsville	give stro	E OF HOSPITAL OR INST eet oddress) WMSV111e	State H	during	most of working	N (Kind of work of glife, even if retir USEWI CA		BUSINESS OR
cecuted within completely for the complete for the comple	13o odm	USUAL RESIDENCE (Where deceders ssion) STATE Maryland	ised lived, if institution	Residence perore	Dundall		ry tim rs? 13e	STREET AND NUMBE	R en Dr _e Dur	Md. ndalk,
equires that the death eritificate be executed with physician. signed by the attending physician and completely burial-transit permit. Then please remove carban burial, crematian, ar remaval, and in any event, wit		FATHER S NAME First Samue	7.7	lost Funk		NOTHER S MAIDEN NAM	Mamie Mamie	Midd	1	lewton
eritificate b g physicion fren please maval, and i	16a.	WAS DECEASED EVER IN U.S. AR es, na, or unknawn) (If yes give		66. SOCIAL SECURITY N 217–22–858	0	rmant spital Reco	ords, Cr	Addre <u>Cownsvill</u>	e Marvlan	<u>d</u>
te death eritificate to attending physician permit. Then please ian, ar remaval, and		18 CAUSE OF DEATH (Enter of PART 1 DEATH WAS CAUS IMMED	nly one couse per line ED BY IATE CAUSE (g)	for (a), (b) and (c)) Arterios	eleros	is hem	+ di	tegal		IMATE INTERVA. ONSET AND OEATH
t the d the atte sit pern natian,		Conditions, if any, which gave rise to immediate cause (o),	DUE TO, OR AS	A CONSEQUENCE OF	retes	melli	405-			
equires that the physician. signed by the burial-transit burial, cremati		stating the underlying cause last.		A CONSEQUENCE OF						
	NC	PART 2 OTHER SIGNIFICANT CO	tiami	'a		HE TERMINAL DISEASE (
The lay attend has be use as 1	CERTIFICATION		. CONDITION FOR WHICH			_	ZAUS	ES OF DEATH?	NGS CONSIDERED IN C	ERTIFYING
binG PHYSICIAN: The law requires that the death by the haspital ar attending physician. After this certificate has been signed by the attendimbe detached for use as the burial-transit permit. State Dept. af Health priar to burial, crematian, ar rea	MEDICAL CE	21 a ACCIDENT WAS UNDERLY or contributing cause of de (If either, notify medical exam	HOUR A.M.	Month Day Year		INJURY OCCURRED (E		jury in Part 1 ar Pa	ort 2, Item 18)	
G PHYSIC the haspit this certification detached	₩	at work at work	PLACE OF INJURY (TION Street or R.F.D		ty or Town	County	State
FENDIN ned by R. After iuld be the Stat		22o. I certify that (I) (t saw the deceased couses stated above	his hospital) atten alive an	ded the decease lid nat) view the b	d fram	hat in (my) (aur) outh.	ppinian death	accurred on the	he dote and hour	(I) (we) last and from the
OR AT be retai blue 3 sho ed with		226 SIGNATURE	augalog		DEGREE	ATTENDING PHYS.	MED DIRECTOR	STAFF D	22c. DATE SIGNED 9/25/68	
Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. af Health priar to		22d PHYSICIAN'S NAME (Type) 17/6e	rto y.	JunzA	152			ate Hospi		land
TO HO Page Jorent Shaul	L		DATE 9/30/68			11. Cemete	ry		Baltimore,	(State) Md.
VR A15 (4) 30M REV, 1/68	24. J	funeral director ohn J. Duda, 7	922 Wise A	ve. Dunda	lk, Md.	2So. REC	EP 3 0	1968 REGIST	TRAPS SIGNATURE	udat

MAKTLAND STATE DEPARTMENT OF HEALTH





	12477 DIVISION OF VITAL RECORDS,		DEPARIMENT OF HEAT ESTON STREET, BALTIMO		
1			ATE OF DEATH		12487
1 0	DECEASED NAME Fust Middle (Type or print) Martha	l	lost 20	DATE OF DEATH	GGr 2b. HOUR
3 5	Female Negro	S	DATE OF BIRTH 11/17/Ø7 06		FUMOER I YEAR F JNOER 24 HRS. DNTHS DAYS HOURS MIN.
7a. cau	BIRTHPLACE (State or foreign To CITIZEN OF WHAT COUNTRY? USA USA	B. MARRIED X	D-VORCED	Anne Arundel	Md
10 []	CITY OR TOWN OF DEATH TOWNSVILLE JUNEAU ACTION OF HOSPITAL OR INSTITUTION Res dence before	State	Hosp. during most of	CUPATION (Kind of work done f working life, even if retired,)	12b. KIND OF BUSINESS OR INDUSTRY.
	mission) STATE 135 COUNTY Maryland Baltimore FATHER S NAME First Middle Lost	The state of the state of	MOTHER'S MAIDEN NAME First	Unknown Cuck Middle	la, Rd.
160	o. WAS DECEASED EVER IN U.S. ARMED FORCES? 1665 SOCIAL SECURITY Yes no or unknown) (if yes give you'd dates of sence) 1675 SOCIAL SECURITY	NO. 17. INF	FORMANT	KROWR Annie Address	Johnson
V	Yes, no, or unknown (tiyes give war ar dates of service) [18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (d)		spital Record	s, Crownsville	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) UICETE Solution UICETE	ating c	arcinoma of s	stomach	Service and Service
NO!	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 1/5/x Cachexia 19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PER		THE TERMINAL DISEASE OR CONDI	IT-ON GIVEN IN PART I(a)	CIVEDED IN CEDITIFAING
CERTIFICATION	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY		YES 🔀 NO 🗀	CAUSES OF DEATH?	
MEDICAL C	OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M.	9	·		
	While at wark at wark () (this hospital) attended the decease	ed from 19.68, and	9/21 , 1960. that in (my) (pur) apintar	to 9/18 , 19_1 n death accurred an the date	Caunty State 68, that (I) (we) lose and hour and from the
	226 SIGNATURE (Markes R Viens	Key DEGREE	0		7E SIGNED /18/68
22.	NAME (Type) Charles R. Venter, M.	CEMETERY OR C	Crownsville	State Hospita d .OCATION (City or Town)	(Causty) (State)
24	SEMOVAL (Specify) 9/21/68 Yorks EUNERAL DIRECTOR ADDRESS	gh m	ethodist Church C	Ockeypusle, 184	alto, ca Mis
11	hu Chatman 17- 1701 M& asl	leoust.	SEP 2 (1 1968 Pcharle	

, 1 0 0 . .

•		OF THE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		12478 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12188
HEALTH DEPT.	1, 0	PECEASED-NAME Type or Print A defection of the period of	Doy Year 2b, HOUR
to to of		DEATH MATED 9-	28- 1968 AM
delay and 3 t M3. Pag tment	43	S. DATE OF BIRTH 4. RACE 5. DATE OF BIRTH 6. GG (in years if UNDER 1 YEAR if UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Month Doy	2d. HOUR
ny delay is 2, and 3 to PM3. Page partment of	11		28 Year 68 A M
D.	cour	BIRTHPACE (Stote of Toreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form for De		WIDOWED DIVORCED A	Md Md
after death	10.1	CITY OR/TOWN OF DEATH 17. NAME OF ROSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done give street oddress)	
a since	130	USUAL RESIDENCY Where deceased lived it institution residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13a. STREET AND NUMBER	
hours after death Item 18. Give Pages Office along with far land 2 with me Style ofter death.	0	admission) STATE 13b. COUNTY / Paceun Lange County	
them 18 Office office office offer d	14. [FATHER'S NAME? First Middle Lost 15, MOTHER'S MAIDEN NAME / Fixet / / Middle	lost
24 harin steries of	1/4	11.00 am A. COUMA Commellivers	on
	160.	WAS DOCEASED EVER IN U.S. ARMED FORCES? (46, no. 9 July Alpun) (If yes give was or dotus of service) 16b. SOCIAL SECURITY NO. 17 INFORMANY ADDRESS 200 18 18 18 18 18 18 18	-+-1Mel
within pencil xamine ile page	1	(es, no. of Inkhiller m) (If yes give wor or defees of service) William 10.00 mo 134	rolo Call
of Example 19		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) / lelegioned Jarejns	Jully.
e execu pending of Medic sit perm		1619 DUE TO, OR-AS A CONSEQUENCE OF	
suld be exc vord "pend ne Chief Me al-transit pe any event		Conditions, if only, which gove) rise to Immediate couse (a), (b)	
vord vord he C ial-tr		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld be executed no word "pending to the Chief Medical burial-transit permit."		(6)	
P = T = P		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6)	
is certificate, writing farward to used a remayal,	NO.	196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
forv forv	CERTIFICATION	WAS PERFORMED?	YES IN NO
		210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2,	
INER: This certificate certificate writing should be farwarder files. 3 should be used as nation, or remayal, a	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
(AMINER: This te the certificate, je 4 shauld be fayour files. age 3 should be a cremation, or ren	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
₹ • • • 6		WHILE AT WORK AT WORK office building, etc.)	
ICAL EXAMINER: s execute the certification. Fage 4 shauld for your files. CTOR: Page 3 should burial, cremation,		22a. I certify that Laak charge of the remaine described above, held an Autopsy . Inspection . Inquiry	and in my apinian
director. DIRECTO Tr to bus		death resulted from: Natural causes 🗹 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner	r 🔲
please direction and a property of the branch or to be or		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
yy, p		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L. 220. DAT	TE SIGNED
Ssary, funeral ay be r		EXAMINER'S MAME (Type)	1 160
TO DEPUTY SICAL EX necessary, please execut the funeral director. Pag S may be raitained for y TO FUNERAL DIRECTOR: PHealth prior to burial,	220	NAME (Type) ADDRESS (Street, city, town, or county) BURIAL, CREMATION, 23b. DATE 23C NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) * State
4 - 4	130	MEMOVAL (Sagrify) and 10-7-1948 MIROLE)	mil
	24	TUNERAL PURCEOUR ADDRESS 250. REC'D BY, REGISTRAR 25b. RECIDENCE	S SIGNATURE
VR A15ME (5)	1/1	111VIam ROISOH (I A MOI MV). DATE UC! 4 1968 Jane	area judge

MAKTLAND STATE DEPAKTMENT OF HEALTH

